



13650 Eleven Mile Road • Warren, MI 48089 • (586) 498-8000 • FAX (586) 498-9631

Credit Card Authorization FAX Form

Company Name: _____

Address: _____

Phone: () _____ FAX: () _____

Authorizing Person: _____

PLEASE PRINT

Salesperson: _____

Please charge my: Visa MasterCard Discover Amer. Express

in the amount of _____ each week for the following dates:

Card Number: _____

Exp. Date: _____ Security Code#: _____

Authorizing Signature _____ Date: _____

Billing Address (if different than above): _____
