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AUTHORIZATION FOR CREDIT CARD PAYMENT

SALESPERSON: TROY VICKI PO#: _____

CUSTOMER/COMPANY NAME: _____

NAME ON CREDIT CARD: _____

CREDIT CARD #: _____ MC VISA DIS

SECURITY CODE: _____ EXP DATE: _____ AMT \$: _____

PART(S) REQUESTED _____

CARD BILLING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NO: _____

SHIP-TO ADDRESS: _____
(if different from billing)

CITY, STATE, ZIP CODE: _____

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

SEND A PHOTO COPY OF THE CARD HOLDER'S PICTURE ID AND CREDIT CARD