



323 Findley P.O. Box 357, Higgins Lake, Mi 48627 (989) 821-9740 Fax (989) 821-5565

### CREDIT CARD AUTHORIZATION FORM

#### Customer Information

Name (as it appears on credit card): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Card Holder's Signature:**

**Card Code Located on Back of  
Card as extension of CC #**

\_\_\_\_\_

\_\_\_\_\_

Please charge my Visa/Master Card \$ \_\_\_\_\_ to cover the following invoice(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes, I would like all future repairs to be charged to my Visa/ Master Card to avoid additional C.O.D. charges.

VISA/MASTER CARD/AMEX/DISCOVER

# \_\_\_\_\_

(circle one)

EXPIRATION