



ACCOUNT MANAGER: LANDON TIMOTHY

CREDIT CARD PAYMENT AUTHORIZATION FORM

(Signing of this form authorizes the charging of orders and the assessing of additional fees as per the Order Confirmation)

NAME / ORDER NUMBER:
EMAIL ADDRESS:
CREDIT CARD INFORMATION (REQUIRED) □ CORPORATE □ PERSONAL
BILL TO NAME (AS SHOWN ON CARD):
BILLING ADDRESS:
CITY: STATE: ZIP:
CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER
ACCOUNT NUMBER:
EXPIRATION DATE:/ / V CODE:
AMOUNT TO BE CHARGED:
KEEP CARD ON FILE FOR FUTURE ORDERS ☐ YES ☐ NO
By submitting an electronic signature, you are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you.
AUTHORIZED SIGNATURE:

ORDER CANNOT BE PROCESSED WITHOUT SIGNATURE (PLEASE SIGN OR TYPE IN FULL NAME)