



CREDIT CARD AUTHORIZATION FORM

Date \_\_\_\_\_

Quote / Invoice # \_\_\_\_\_

PO Number \_\_\_\_\_

Amount \_\_\_\_\_

Credit Card Type    Visa     MasterCard     American Express

Credit Card Number \_\_\_\_\_

Expiration Date:    \_\_\_\_ / \_\_\_\_ (mm/yyyy)

CID / CVV2    \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Company \_\_\_\_\_

Billing Address    Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I certify that I am the authorized holder and signer of the credit card referenced above and that all information above is complete and accurate. I authorize Protex Products, LLC to charge the above credit card identified for the total charges for all products and delivery services ordered for the above referenced Quote / Reference Number and / or Purchase Order.

I further authorize and approve that a 3.0% service charge will be added to all amounts charged.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

**You must attach a photocopy of the credit card (front and back) and the cardholder's driver's license to this form.**