

Credit Card Authorization Form

Authorization Agreement

I hereby authorize **T.Mak's International, Inc.** to initiate automatic payment via credit card. I also authorize **T.Mak's International, Inc.** to make withdrawals from this account in the event that an invoice is 60+ days past due and credit this card if an entry is made in error.

This agreement will remain in effect until **T.Mak's International, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new credit card authorization form. Credit Card Receipt will be mailed with invoice once goods are shipped.

Cardholder Name: _____ Company Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

PO# _____ Quote ID# (if available) _____

Credit Card Information

Credit Card Number: _____ 3 digit Security: _____
Code(on back): _____

Credit Card Type: **(please circle)** **VISA** or **MASTER (only)** EXP date: _____

Amount: **(please circle)** _____

Prepay / Pay in Full \$ _____ Billing Zip Code: _____
(Rep to fill in amount)

Authorization

Cardholder Signature: **Date:** _____

Cardholder Printed Name: _____

For Internal Use Only

Approval Code: Received by: _____ Received By: _____

Batch Number: _____ Entered on Date: _____

Attach Receipt Copy Here>>