

CREDIT CARD AUTHORIZATION FORM

Company Information		
LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation list full corporation name)		
Physical Business Street Address (No P.O. Boxes)		
City _____	State _____	Zip _____
Business Phone (____) _____	Fax No. (____) _____	
Credit Card Information		
<input type="checkbox"/> VISA _____	Credit Card Number _____	Exp. Date: _____
<input type="checkbox"/> MASTERCARD _____	Credit Card Number _____	Exp. Date: _____
<input type="checkbox"/> AMERICAN EXPRESS _____	Credit Card Number _____	Exp. Date: _____
AMOUNT OF SALE: \$		
* _____ Name as it appears exactly on the card: _____ CVV2 Code on back of card-3 digits _____		
Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Company). <i>If this address is not correct it will delay the shipping of your merchandise.</i>		
* _____ Street _____ City/State _____ Zip _____		
* _____ x _____	* _____ x _____	
Signature of Card Holder	Print Name Here	

TRI-STATE MERCHANT SERVICES INC. FAX: 631-952-7100