Capri cork
800.492.2613 capricork.com

CREDIT CARD AUTHORIZATION

COMPANY NAME: _____

ADDRESS: _____

_____

TELEPHONE: _____

TYPE: **VISA** **MASTERCARD**

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

BILLING ZIP CODE: _____

V CODE (FOUND ON BACK OF CARD – 3 DIGITS): _____

AUTHORIZATION AMOUNT: _____

PAYMENT AGAINST INVOICE/SALES ORDER #: _____

CONTACT NAME & PHONE #: _____

NAME AS IT APPEARS ON CARD: _____

CARDHOLDER'S ADDRESS _____

_____

_____

AUTHORIZED SIGNATURE: _____

Complete and fax to 717.390.4721