

**Credit Card Authorization Form**

FAX Completed Form to ( 215 ) 627-9030

**CREDIT CARD INFORMATION**

CS Rep : \_\_\_\_\_ Sales Rep : \_\_\_\_\_

Company Name : \_\_\_\_\_

Name : \_\_\_\_\_ (as shown on credit card )

Type:            VISA    MC    AMEX    DISC

Credit Card Account Number : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp Date:   

--	--

 /   

--	--

   V-Code: \_\_\_\_\_

Billing Address:  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email (Optional) \_\_\_\_\_

**AUTHORIZATION OF PAYMENT**

**Work Order**

**Invoice**

CR Work Order Number : \_\_\_\_\_ CR Invoice Number : \_\_\_\_\_

**Future Purchases:**

As the credit card holder, I authorize Color Reflections, Inc to charge my credit card for future purchases

**Authorization Valid Until :** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   **Initial Here :** \_\_\_\_\_

**I hereby authorize Color Reflections to charge my credit card for payment of the above**

\_\_\_\_\_  
SIGNATURE \*required

*Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information will be kept strictly confidential by Color Reflections.*

All sales are subject to PA/NJ Sales tax unless a tax exempt certificate is submitted by client prior to or within 30 days of sale. Supporting documents must be submitted via fax to 215-627-9030.