

COOPER SUPPLY, INC.

CREDIT CARD AUTHORIZATION FORM

Invoice # _____

Quote # _____

Dear Sir/Madam:

This form has been created in order to allow you to call in a telephone order to charge your credit card. Please provide all the information requested below to ensure prompt processing of your request. We ask you to please sign and date the form before submission. **Please fax the completed form to:** _____ 817-222-9053 (email to Christi@coopersupply.com)

I certify that all information is complete and accurate. I hereby authorize Cooper Supply Inc. to collect payment for all charges as indicated in section of the form above by processing the charge to the credit card listed above. **I understand that a new form will have to be completed if additional material is required.** I certify that I am the authorized signer of the credit card listed above.

Cardholder name:(printed) _____

Cardholder signature: _____ Date: _____

___ PLEASE FAX ME A COPY OF INVOICE AND CREDIT CARD RECEIPT

Fax Number: _____

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Cardholder Information

Name as it appears on the credit card:

Card Type: __ Visa __ MC __ Amex __ Discover

Account Type: __ Individual (personal CC) __ Corporate Company Name: _____

Account Number: _____

Expiration Date: _____ Security Code: _____ (3 digit # on back of card)

Billing Address: _____ ZIP CODE: _____

Name of Person Requesting: _____

Phone Number: _____ Fax Number: _____

Purchase Order Number: _____

Approved charges: _____ (sales tax applied where applicable)