



CREDIT CARD AUTHORIZATION FORM

To be completed by account owner/buyer or certified employee.

*** Required on all First Orders and/or until Terms have been set.

CREDIT CARD INFORMATION

Name on Credit Card:			Type of Card (Master Card, Visa):
Card Billing Address:			Card Number:
City:			Expiration Date:
State:	Zip:	Phone:	3 Digit Security Code:
		Fax:	
Email:			Hold for Future Charges: Yes: [] No: []

I hereby authorize the usage of the credit card above for the charges subjected to the account below:

Store Name: _____

Signature: _____ Title: _____ Date: _____

Please complete and fax to **918-429-0021** or
return via email to **info@oxbowtack.com** with your first order.