



CREDIT CARD AUTHORIZATION FORM

357 Spook Rock Road, I-505, Suffern, NY 10901
Tel: 845-368-3600 Fax: 845-368-3040

Date: _____

SO: _____

Credit Card Billing Information

Name (As it appears on the card): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Cardholder Information

Type of Credit Card (Check One):



Credit Card Number: _____

Expiration Date: _____ Code: _____



CVV2 Num



4 digit CARD VERIFICATION NUMBER

Amount of Transaction: _____

Purchase Order No.: _____

Person Executing Transaction: _____

I authorize the amount due to be charged to the credit card listed above for goods provided by Archon Industries, Inc. This amount does not include shipping charges unless specifically written above. Freight is prepaid by Archon and added to your final invoice total upon billing, unless otherwise arranged.

Authorization
Signature: _____

Date: _____