



# 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: \_\_\_\_\_



CVC2  
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: \_\_\_\_\_