



843 South Ocean Avenue
Freeport, NY 11520
T +1 (516) 378 2710
T +1 (800) 222 9867
F +1 (516) 378 3580

Credit Card Authorization

Date: _____

Company Name: _____

Visa

Master Card

Credit Card Number: _____

Name on Credit Card: _____

Card Billing Address: _____

Expiration Date: _____

Amount: _____

Contact/Number: _____

Invoice: _____

*Attach Copy of Invoice