

Authorization To Pay By Credit Card By Phone

Any returned or disputed charges are subject to \$50.00 fee and unpaid balances after 30 days subject to 50% collection fee.

Credit Card Authorization

Customer Acct. # _____ Date _____

Customer Business Name _____

Business Phone _____ Cell Phone _____

Email _____

Please charge my (check one) Master Card Visa American Express Discover

Card # _____ Expiration Date: _____

Name as it appears on the card _____ CID# _____

Cardholders billing address: _____

City _____ State _____ Zip _____

Check and initial appropriate authorization

For THIS order ONLY (IF shipping address is different than billing)

For THIS and ALL future orders (We will keep info on file)

Authorized Signature Required _____

Authorization to run card as stated above.

Please Return Promptly Email: berniec@wilcor.net, Fax:315-733-3215

or mail to Wilcor International 161 Drive In Road, Frankfort, NY 13340

Authorization To Pay By Check By Phone

Any returned or disputed charges are subject to \$50.00 fee and unpaid balances after 30 days subject to 50% collection fee.

Date _____ Bank Name: _____

Name On Account: _____

Routing # (9 digits) _____ Account # _____

Phone: _____

Authorized Signature _____

Print Name & Business _____

Business Phone: _____ Cell Phone: _____

Email: _____

For THIS order# _____ only

For present and future orders

Authorized Signature Required _____

Authorization to run card as stated above.