

CREDIT CARD AUTHORIZATION FORM

FROM: _____

Customer Number: _____

Phone: _____ Fax: _____

I authorize **Pennsylvania Welding Supply** to charge my credit card for the amount below.

Card Type: _____

Card Number: _____

Exp Date: _____

V Code: _____

Billing Address Number: _____

Billing Zip Code: _____

Remittance Advice: _____

Transaction Amount: _____

Name on Card: _____

Please Print

Authorization Signature: _____ Date: _____