



CREDIT CARD AUTHORIZATION

DATE: _____

I / we authorize Stock-Point to charge the credit card listed below for our

Purchase Order # _____

TOTAL SALE:	
SHIPPING & HANDLING:	
TOTAL CHARGE:	

CREDIT CARD INFORMATION

NAME ON CARD:	
COMPANY NAME ON CARD IF ANY:	
BILLING ADDRESS ON CARD:	
CITY, STATE, ZIP:	
CREDIT CARD TYPE:	<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX
CREDIT CARD NUMBER:	
EXP DATE:	
SECURITY CODE ON CARD:	

We authorize Stock-Point to keep this card on file for future transactions: YES NO



SIGNATURE: _____ DATE: _____

PRINT NAME: _____

By signing this authorization form, the company acknowledges and agrees to be financially responsible for any and all charges incurred for the employees stated above. The authorizer hereby warrants and represents he/she has the authority to legally bind the company as set forth herein. It is the responsibility of the firm/company named herein to provide written notification to Stock-Point if a card has been canceled or revoked, and to file an updated credit card authorization form when modification of any of the above information is necessary, including the modification of the expiration date when a credit card is renewed. In the event the charge against this account is denied, you will be notified immediately to make payment in cash, money order, or certified check. *All sales are final. Any claims to product failures must be accompanied with a test report from an independent testing house.* **Please fax completed form to 818.718.4044**