

## CREDIT CARD AUTHORIZATION FORM

Company Name: \_\_\_\_\_

Credit Card (Select One):  Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_

Invoice Total Amount: \_\_\_\_\_

Processing Fee: \_\_\_\_\_

Freight\*: \_\_\_\_\_

Amount Charge: \_\_\_\_\_

By signing this form, I authorize Golyta Int'l to charge the amount on this date to the credit card information given above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Freight charges are subject to change.