



### Credit Card Authorization Form

I, \_\_\_\_\_, authorize C&L Supply Company to charge the following credit card for  
(Name) (Company)  
services rendered.

Company Name \_\_\_\_\_ Tel \_\_\_\_\_

Fax \_\_\_\_\_

Approximate Dollar Amount \$ \_\_\_\_\_

- Visa     MasterCard     American Express     Discover

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

Expiration Date \_\_\_\_\_

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

Shipping Address \_\_\_\_\_

Same  \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_  
(As it appears on card)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Fax to:**  
**(323) 258-6523**

Email: \_\_\_\_\_

**DO NOT WRITE BELOW. COMPANY USE ONLY.**

Reference/Invoice #: \_\_\_\_\_

Customer #: \_\_\_\_\_

Notes: \_\_\_\_\_