

Credit Card Authorization

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|  |
| **Company Name** | Company Name |  | **Account Number** | Acct Number |
| **Name on Card** | Name on Card |
|  |  |
| **Type of Card** | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Other [ ]  | Other Card Information |
|  |  |  |
| **Date of Expiration** | Date of Expiration |  | **Security Code** | Security Code |
|  |  |  |  |
| **Billing Address** | Billing Address |
| **City** | City |  | **State** | State | **Zip** | Zip |
| **Phone**  | Phone |  |  |  |  |
|  |  |  |  |  |
| **P.O./Invoice Number** | PO/Invoice # |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Description** | **Item Purchase Price** | **+3% Surcharge\*** | **Total** |
| Item Description | $Price | $ 0.00 | $0.00 |
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| Item Description | $Price | $ 0.00 | $0.00 |
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| Item Description | $Price | $ 0.00 | $0.00 |
| Item Description | $Price | $ 0.00 | $0.00 |
|  |  | **Total Amount to be Charged** | **$ 0.00** |
| **NOTE:** For fields to autofill prices, please individually right-click cells in the *‘+3% Surcharge’* column and select *‘Update Field’*. Follow same steps for *‘Total’* column and then lastly *‘Total Amount to be Charged’* cell. |

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| By signing this form, you authorize Custom Ag Formulators, Inc. to charge the total amount on the credit card listed above. |
| **Print Name** | Print Name | **Signature** |  |
|  |  |  |  |
| *Completed credit card authorization forms may be submitted to Jennifer, at jennifer@4caf.com, faxed to (559) 435-1099 or mailed to 3430 S Willow Ave, Fresno, CA 93725.* |
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|  |
| ***- - - OFFICE USE ONLY - - -*** |
| **Approved** |  | **Receipt Sent** |  |