

Credit Card Authorization

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | |
| **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 |
| Item Description | | $Price | | $ 0.00 | $0.00 |
| Item Description | | $Price | | $ 0.00 | $0.00 |
| Item Description | | $Price | | $ 0.00 | $0.00 |
| Item Description | | $Price | | $ 0.00 | $0.00 |
| 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. | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.* | | | | |
|  | | | | |
|  | | | | |
| ***- - - OFFICE USE ONLY - - -*** | | | | |
| **Approved** |  | **Receipt Sent** | |  |