



CREDIT CARD AUTHORIZATION FORM

357 Spook Rock Road, I-505, Suffern, NY 10901
Tel: 845-368-3600 Fax: 845-368-3040

Date:

Billing Information

Business Name:

Address:

City:

State:

Zip:

Telephone:

Cardholder Information

Credit Card Number:

Type of Credit Card:

Expiration Date:

Name on Card:

Purchase Order No.:

Amount of
Transaction:

Person Executing
Transaction:

I authorize the amount due, which includes the quoted price and shipping charges to be charged to the credit card listed above for goods provided by Archon Industries, Inc.

Authorization
Signature:

Date: