



CREDIT CARD PAYMENT AUTHORIZATION FORM

ESTIMATE/INVOICE #

I, _____, authorize **PUT-IN-CUPS** to charge my credit card on _____ (month), _____ (day), _____ (year), for the amount of \$ _____; which reflects the amount on the **approved estimate/invoice** number listed above.

ACCOUNT INFORMATION:

CARD TYPE (PLEASE CIRCLE ONE): [VISA] [MASTER CARD] [DISCOVER] - *American Express NOT ACCEPTED*

CARD NUMBER: _____ EXPIRATION DATE: _____

CARD HOLDER NAME (PRINT): _____

CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SHIPPING INFORMATION:

SHIP TO NAME/COMPANY: _____

ATTENTION: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ORDER APPROVED BY: _____

Customer Signature: _____ **DATE:** _____

By signing this form, I authorize PUT-IN-CUPS to debit my account for the amount disclosed above and certify that I am an authorized user of this credit card. Authorization forms are not kept on file and are properly discarded after the estimate/invoice is balanced out.