



Credit Card Authorization Form

Permission For Credit Card Authorization

In order to issue terms we require having a Credit Card on file. We will not charge your card upon shipment of goods. (Unless stated by account). All Past due accounts not in contact with BlackStrap will have their card automatically charged. If you do not want to submit a Credit Card with your account file, all orders must ship COD.

Company Name: _____

Full Name as it Appears on Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Card Type: __Visa __AMEX __MasterCard __Other ZIP CODE: _____

Billing Address and Zip code: _____

Shipping Address and Zip code: _____

Billing Contact: _____ Email: _____

The following persons, if any, are authorized to use this card on my behalf:

Cardholder Signature: _____

Phone: _____

Date: _____

I, _____, authorize my Credit Card to be charged for the total order amount (plus shipping costs) upon due date of any invoice. I am aware that I will have the option to pay with alternative payment if I so desire. I am aware that I will receive notice of charges made on this card which will act as my record of transaction. I allow my Credit Card Authorization Form to be kept on file for the use of BlackStrap Industries Inc.