



275 West 39th Street  
New York, NY 10018  
Phone: (212) 221-0221  
Email: orders@egpro.com

## Credit Card Authorization Form

CARDHOLDER'S FULL NAME: \_\_\_\_\_

COMPANY NAME ON ORDER: \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CVV: \_\_\_\_\_

TYPE OF CREDIT CARD: (CIRCLE ONE)      DISCOVER      VISA      MASTERCARD      AMEX

EMAIL ADDRESS: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

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I, \_\_\_\_\_, Hereby authorize the use of my credit card, as listed above, as my method of payment for the purchase of merchandise from EG-PRO

\_\_\_\_\_  
Signature of owner/officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**EMAIL APPLICATIONS TO: ORDERS@EGPRO.COM OR CALL US AT: 212-221-0221**

ANY QUESTIONS, PLEASE EMAIL ORDERS@EGPRO.COM