



*NOTE: Please "SAVE AS" to save your data.*

## CREDIT CARD AUTHORIZATION FORM

*(All fields are required)*

Company Name:		Phone:
Address:		
City:	State:	Zip Code:
Contact:	Email:	
Federal/Tax ID#:	Owner:	



Credit Card#:		
CVV/Security Code:	Exp Date:	
<p><b>Visa/MasterCard:</b> 3-digit number printed on the back of your card. It appears after and to the right of card number.</p> <p><b>Amex:</b> 4-digit number printed on the front of your card. It appears after and to the right of card number.</p>		
 		
Cardholder Name:		
Billing Address:		
City:	State:	Zip:

Check here to charge this order / PO # \_\_\_\_\_ to this credit card.

Check here to charge this order / PO # \_\_\_\_\_ and all future orders to this credit card.

I HEREBY AUTHORIZE PECATA ENTERPRISES, INC. TO CHARGE MY CREDIT CARD IN FULL (MERCHANDISE AND FREIGHT WILL BE BILLED SEPARATELY) FOR THIS ORDER.

<b>Signature *</b>	<b>Print Name</b>	<b>Date</b>
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\* Typing your name in this field constitutes a legal signature for this form.