



CREDIT CARD AUTHORIZATION FORM

**You can use this form to set up automatic payments. However you can always make payments sending a check when you receive your statement.

PO Box 465
Burton, OH 44021
800-586-1885

I _____, _____
(NAME) (COMPANY NAME) (Account #)

Authorize Specs4us to charge my credit card

Statement Date/Invoice #: _____ or All open monthly invoices (circle one)

AMOUNT \$ _____ USD. (Leave blank for monthly Authorization)

CREDIT CARD TYPE _____

CREDIT CARD # _____

Security Code (3 digit on back, AX 4 on front) _____

DATE to process card each month _____ (Example charge card 15th of every month)

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

FAX TO:
Specs4us
Attn: Lexi
F: (800) 674-6079

NOTES:

