



Credit Card Authorization Form

Company Name _____

Phone # _____

Card Type _____
(VISA, MasterCard or American Express)

Credit Card Account Number _____

Expiration Date _____

Verification Code _____
(3 digit code on the signature line or 4 digits on the from for American Express)

Cardholder's Name _____

Billing Address _____

I authorize T3 Toner LLC to charge the above credit card for all merchandise purchased until this authorization is terminated in writing by notifying T3 Toner LLC via certified mail.

Print Authorized Cardholder's Name _____

Authorized Cardholder's Signature _____

Date _____

To complete the authorization process please fax a LEGIBLE copy of the following:

- 1) The front and back of the credit card listed above
- 2) The cardholder's driver's license or valid state identification

