

## Credit Card Authorization Form

Date: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_ do hereby  
(name of card holder) (name of company)

authorize Lummus Supply Company to charge my credit card in the amount  
of \$ \_\_\_\_\_ for payment of invoice number (s) \_\_\_\_\_

Credit card type: \_\_\_\_\_

Credit card account # \_\_\_\_\_

Credit card V-code# \_\_\_\_\_

Expiration date: \_\_\_\_\_

Please print the cardholders name, credit card billing address, phone number and  
sign below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Card member acknowledges receipt of goods and/or services in the amount of  
the total shown above and agrees to perform the obligations set forth by the card  
members agreement with the issuer.

Signature: \_\_\_\_\_

PLEASE FAX THIS FORM TO LUMMUS SUPPLY CO. AT 404-794-4519