



Credit Card Authorization Form

Account # _____
Company Name _____
Street Address _____
Apt/Suite _____
City/State/Zip _____

I, _____ am a principal or officer of the account shown above and do hereby authorize Brimar Inc. to use my credit card in payment of the transactions indicated below. I understand that Brimar's terms of sale and conditions are in effect for this transaction, and if for any reason the credit card indicated on this form is not accepted, full responsibility for payment of this amount belongs to the account shown above.

Mandatory Credit Card Information To Process Your Credit Card Transaction

Card Type ___ Visa ___ MasterCard ___ American Express
Credit Card Number _____
Expiration Date ___ / ___ V Code: _____
Cardholder Name _____
Card Billing Address # _____
Zip Code _____
Amount to charge \$ _____
 ___ charge my card for this payment only.
Sales Order/Invoice No. _____
Cardholder Signature _____ Date _____