



**SAFELAND INDUSTRIAL SUPPLY, INC.**

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**AUTHORIZATION FORM OF CREDIT CARD PAYMENT**

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIPCODE: \_\_\_\_\_

ORDER#: \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL AMOUNT: \$ \_\_\_\_\_

CREDIT CARD NO: \_\_\_\_\_

TYPE OF CREDIT CARD:            VISA        MASTERCARD        OTHER

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

NAME OF CREDIT CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIPCODE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

YOUR SIGNATURE ON THIS FORM INDICATES THAT YOU FULLY UNDERSTAND AND AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

THANKS FOR YOUR BUSINESS.