



Credit Card Authorization Form

Customer Information

Name on Credit Card: _____

Credit Card Billing Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail address to send receipt: _____

Type of Credit Card

Amex: _____ Visa: _____ Master Card: _____ Discover: _____

Credit Card #: _____

CCV# _____
3-digit code after cc# found on the back of the credit card or for Amex, the 4 digit code on front

Expiration Date: ____/____

PLEASE SIGN AND FAX BACK TO (281) 812-9570

I, _____ hereby give authorization to Texas Promowear to bill my credit card for products and services ordered.

Signature of Cardholder _____ Date: _____

2205 FM 1960 RD E HUMBLE, TEXAS 77338
PH 281-548-0570 FAX: 281-812-9570