



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until cancelled.

Credit Card Type		Credit Card Information	
American Express		Card Holder Name	
Visa		As shown on card	
Mastercard		Card Number	
		Expiration Date	Security Code
Billing Address Street		1	
City		Amount to charge	
State Zip		Full Amount (Check an to be kept on file for fu	d leave amount blank if iture purchases)
Phone Number		Enter \$ amount	
eMail To Send Receipts:		Partial Amount	
email 10 Sella Receipts.		Enter \$ amount	
authorize Texas Promowear to cha at my information will be saved to			ourchases. I understa
at my information will be saved to	o file for future trans	sactions on my account.	
counting Department:			
eve Simons 1-548-0570 Phone 1-812-9570 Fax			
ve@texaspromowear.com	Date		Signature