



8655 South 208th St.
Kent, WA 98031
Phone: 253-850-5270
Fax: 253-850-3545

<h2>Credit Card Payment Authorization</h2>
--

My Credit Card is to be billed for merchandise ordered from Express Tubes unless other payment methods have been arranged prior to this time. I, (please print name) _____ authorize my Credit Card to be billed for payment of merchandise and/or transportation of my merchandise as follows.

Account Name: _____

PO Number	Invoice Number	Dollar Amount \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Visa _____	MasterCard _____
-------------------	-------------------------

Card Number: _____ Expiration Date: _____

3-digit V Code (on back of card in the signature panel): _____

Name Shown on Credit Card: _____

Credit Card Billing Address: _____

City, State and Zip Code: _____

Card Holders Signature: _____ Date: _____