# Credit Card Authorization Form

To: **Raymond A. Wallace, Accountant**
101 West Center Street
West Bridgewater, MA 02379
**Phone: 508-584-5544**

This is my authorization for **Raymond A. Wallace** to charge my _____
card number: _____ *Credit Card*

expiration date _____/_____/_____ in the amount of US$ _____ in exchange for:

| QTY | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|
| | | $ | $ |

| | |
|---|---|
| SUB TOTAL | $ |
| TAX | $ |
| **TOTAL** | **$** |

This gives **Raymond A. Wallace** the authority to make the above charges in the amount of US$ _____ to this card with all conditions of sale as if were presenting my credit card in person.

_____
Name On Credit Card

_____ (_____)_____-_____
Cardholder Signature Business Phone and Area Code

_____ _____
Card Billing Address and Postal Code Name of Company

_____
Date

**Please fax this form to: 508-824-1808**