



SHARK

FINISHING MACHINERY

www.SharkMachinery.com

Authorization form for Credit Card Payment

Please complete this form to authorize Shark Finishing Machinery to charge your credit card.

<input type="checkbox"/>	Check here for a one-time payment of \$ _____
<input type="checkbox"/>	Check here to schedule regular monthly of \$ _____
<input type="checkbox"/>	Check here for authorization to keep your credit card information on file for future use.

Company Name	
Contact Person	
Billing Address	
City, State, Zip	
Phone #	
E-mail address	

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Card holder Name				
Card Number				
Expiration Date				
CVV2 digits				

By signing below, I authorize Shark Finishing Machinery to charge the credit card above according to the terms outlined above. I certify that I am an authorized user of this credit card.

Signature _____ Date: _____

OFFICE USE ONLY		
Date Received:	Invoice Applied:	Auth code: