

5310 NW 5th Street, Oklahoma City, OK 73127 | P.O. Box 271258, Oklahoma City, OK 73137 (405)236-8351 ph | 1-800-654-3201 | (405)236-8389 fx

## **Credit Card Authorization Form**

Customer Information		
Customer Name: Owner Name:		
Customer Address:		
City:	State:	Zip:
Telephone:	Email:	
Shipping Address (if different from above):		
City:	State:	Zip:
Payment Authorization		
1 ayment Authorization		
Card Number:	Card Number: Exp. Date:	
CVV Code: (on back of ca	ard) Billing Zip Coo	de:
Name on Card:		
I wish to authorize ongoing payments for current and future invoices from McCubbin Hosiery, LLC. I further authorize McCubbin Hosiery, LLC to maintain my card information on file. I indemnify and hold McCubbin Hosiery, LLC harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip and hereby affirm that I am an authorized representative of this account. This authorization will remain in effect until such time when a written request to cease charges is received.  McCubbin Hosiery, LLC will process all charges using a secure bank card service. I understand that a pre-authorization will be processed prior to my order being shipped, to include an estimated shipping charge. Final charges will be processed to the above stated account only after my order is shipped.		
Printed Name Sign	CONFIDENTIAL	Date
Timed Name Sign	Name Signature	
FOR INTERNAL USE ONLY		
Date Received:	Date Revoked:	
Processed by:	Customer Code:	