



CHARGE CARD AUTHORIZATION

Billing Address (Must Match CC Statement):

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Shipping Address:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Cardholder Information: (As recognized by Bank Card Issuer) "CARD NOT PRESENT"

Name On Card: _____

Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Other

Account #: _____ Security Code _____ Exp. (MM/YY) _____

Amount Authorized: _____

☐ This Credit Card Authorization is for a single purchase only.

☐ This Credit Card Authorization can be kept on file for further purchases.

THE UNDERSIGNED HEREBY RECOGNIZES & AGREES THAT ALL INFORMATION & TERMS ARE TRUE & ONLY TRUE AND UNDERSTAND THAT ANY FALSE STATEMENT AGAINST LAW WILL BE PROSECUTED. THE UNDERSIGNED ALSO AGREES TO AUTHORIZE TOTOWA SYSTEMS, INC. TO CHARGE THE AMOUNT ON CREDIT CARD PROVIDED ABOVE.

Cardholders Signature: _____ Date _____