



115 Don Truell Lane, Thomasville, NC 27360

### CREDIT CARD INFORMATION

You are hereby granting authorization to charge the credit card listed below for any invoices that become 15 days past due. A reminder notice will be sent approximately 14 days prior to credit card being charged for past due invoices.

**All credit card charges will be subject to a 3% Convenience fee.**

CREDIT CARD TYPE:       VISA       MASTERCARD       AMEX

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_ CV CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Sales Order #(s) or Invoice #(s)  
\_\_\_\_\_

Amount (before the 3% charge is added): \_\_\_\_\_

I, \_\_\_\_\_, authorize my credit card to be charged for the above amount plus a 3% convenience fee. I am aware that I will receive a copy of the charge slip and that this slip will act as my record for this transaction.

SIGN: \_\_\_\_\_ DATE \_\_\_\_\_