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 _____ *Credit Card*
card number: _____

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