



10370 Regis Court
Rancho Cucamonga, CA 91730
Office: 800-442-8250
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Email: service@gcsupplied.com

Credit Card Authorization Request

Customer Name _____

Name on Credit Card _____

Type of Credit Card VISA / MC / AMEX / DISCOVER

Credit Card Number _____

Expiration Date _____

Verification Code on Back of Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

Purchase Order # or Job Name _____

Amount Authorized _____ (A 3% credit card processing fee will be added to this amount)

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all the information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above in the "Authorized Amount" field.
I understand that if additional charges are going to be authorized then a new form will have to be completed.

Authorized Signature _____ Date _____