



## CREDIT CARD AUTHORIZATION FORM

(All fields are required)

Company Name:		Phone:
Address:		
City:	State:	Zip Code:
Contact:	Email:	
Federal/Tax ID#:	Owner:	



Credit Card#:		
CVV/Security Code:	Exp Date:	
<p><b>Visa/MasterCard:</b> 3-digit number printed on the back of your card. It appears after and to the right of card number.</p> <p><b>Amex:</b> 4-digit number printed on the front of your card. It appears after and to the right of card number.</p>		
 		
Cardholder Name:		
Billing Address:		
City:	State:	Zip:

Check off here to charge all future orders to this card.

I HEREBY AUTHORIZE PECATA ENTERPRISES, INC. TO CHARGE MY CREDIT CARD IN FULL  
(MERCHANDISE AND FREIGHT WILL BE BILLED SEPARATELY) FOR THIS ORDER.

Signature*	Date	Print Name

\*Typing your name in this field constitutes a legal signature for this form.

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