

CREDIT CARD TRANSACTION AUTHORIZATION FORM

PC # _____ Phone # _____ Fax # _____

PC Address _____

Dear Customer:

We offer the convenience of paying for purchases and/or invoice(s) with your Visa or MasterCard. Please complete the following form and fax to the number listed above, deliver in person or by mail, or send via e-mail. Emco collects, uses, and discloses your information in accordance with our privacy policy which can be found at www.emcoltd.com/privacy-policy.

PLEASE COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR TRANSACTION

One-time authorization

1. Company Name: _____ Acct #: _____

2. I authorize this company to charge my: Visa MasterCard

for \$ _____ on this day: _____ (date) SO#: _____

3. Card #: _____ Exp Date: _____

Print Name: _____ Authorized Signature: _____

Name on Credit Card: _____

Billing address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Ongoing authorization

1. Company Name: _____ Acct #: _____

2. I authorize the company to charge my: Visa MasterCard
on an ongoing basis for my purchases/statement/invoices amounts.

3. Card #: _____ Exp Date: _____

Name on Credit Card: _____

Billing address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

The following individuals are authorized to use my creditcard: _____

I certify that the above is true and correct and that I am an authorized user of this card. In the event of a dispute, I agree to contact you to try to resolve the dispute prior to contacting my credit card company.

Print Name: _____ Authorized Signature: _____