



# IDEAL SUPPLY

www.idealblasting.com



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## CREDIT CARD AUTHORIZATION FORM

Company: \_\_\_\_\_

Address: \_\_\_\_\_ (MUST BE SAME BILLING ADDRESS FOR CREDIT CARD)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize Ideal Supply, Inc. to charge the credit card noted below for the specified invoice(s)/orders(s)/quote(s). This is not a blanket authorization for automatic or scheduled charges, and detailed credit card information will not be retained by Ideal Supply, Inc. once this transaction is complete.

Invoice/Order/Quote Numbers: \_\_\_\_\_

Credit Card Type (please circle one):    Visa    MasterCard    Discover    American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_    3 or 4 digit security code: \_\_\_\_\_

I certify that I am authorized to sign this form for myself, as an individual, or on behalf of my company.

Company Name (exactly as it appears on card, if applicable): \_\_\_\_\_

Card Holder Name (exactly as it appears on card): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form via email: sales@idealblasting.com or fax: (828) 274-0140. Thank you.