



Credit Card Authorization Form

Company Name: _____ Customer PO: _____

This authorization form confirms my understanding that payments made to Source-Ray Inc. on the below listed credit card are irrevocable and non-refundable.

The following charges are hereby authorized: \$ _____

Credit Card Information

Information on Credit Card	Card 1	Card 2
Credit Card Type		
Credit Card No.		
Expiration Date		
Card Verification No.		
Name on Card (First/Last)		
Street Address 1		
Street Address 2		
City, State, Postal Code		
Phone No.		
Fax No.		
Email Address		

*** NOTE: 3% Surcharge for All Credit Card transactions.**

Card Holder Signature: _____ Date: _____