



CREDIT CARD AUTHORIZATION FORM

By providing the following information, I am authorizing King Equipment, LLC to charge the card indicated below for the products / services referenced below.

Please fill out this form in its entirety and **fax back to 909.986.5331**

Company Name _____

Cardholder Name _____

Credit Card Type Visa MasterCard Discover American Express

Card Number _____

Expiration Date _____ **Security Code** _____

Billing Address: _____

Invoice #	Amount	Invoice #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount to Be Applied to Card \$ _____

Authorized Signature: _____ **Date:** _____