

Credit Card Authorization

Credit card: VISA MASTERCARD AMEX

Card holder's full name:

Card holder's address:

Credit card number:

Expiry date:

Security code:

Authorized signature on card:

Additional staff authorized to purchase with this credit card:

Name:

Signature:

Name:

Signature:

Conditions:

All purchases are considered final once product is shipped from Vintars Warehouse.

All fax orders must contain P.O. and credit card authorization cover sheet.

Authorized Vintars Business Agreement must be on file in our office.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I ACCEPT FULL RESPONSIBILITY FOR ORDERS SIGNED BY THE ABOVE STAFF.

SIGNATURE: _____

DATE: _____