

CREDIT AUTHORIZATION FORM

G/L DEPARTMENTAL DEPOSIT

PLEASE PRINT LEGIBLY.

CREDIT CARD ACCEPTED: <input type="checkbox"/> VISA OR <input type="checkbox"/> MASTERCARD					
TO: CASHIER'S OFFICE X4107			G/L ACCOUNT # 1-41550-0218		
DEPARTMENT NAME:		PREPARED BY:		PHONE:	DATE:
FROM:					
CUSTOMER NAME (LAST, FIRST):				AMOUNT TO CHARGE:	
				\$	
CARD NUMBER (13 or 16 total):			EXPIRATION DATE (MM/YY):		
CARDHOLDER SIGNATURE:				DAYTIME PHONE:	
DESCRIPTION (LAST NAME, F)					
CR/ PLACEMENT FILE					
DETAILED DESCRIPTION:					
CASHIER USE ONLY	AUTH #	CASHIER:		DATE:	RECEIPT #
					Return Receipts: 1 copy 2 copies

Note: Shaded spaces are for office use only