TECO Metal Products - Credit Card Authorization Form

Date: _____

Customer Name: _____

Credit Card Number: _____ Exp. Date: _____

Job Name or PO#: _____ Amount: $ _____

Cardholder Name: _____

Billing Address: _____

Street City State Zip Code

_____

Signature

Office use only:	Auth. #	Auth. Code	Job Number:	Amount:
Authorization Codes:	(1) Sales, (2) Return, (3) Ticket Only, (4) Authorization Only, (5) Void, (6) Receive Summary of Transactions			