



CREDIT CARD AUTHORIZATION

FAX TO: 704-392-1621

ATTENTION: _____

EMAIL TO: _____

PAYMENT _____ PREAUTHORIZATION _____

NAME OF **COMPANY** CHARGE IS FOR: _____

COMPANY ADDRESS: _____

NAME ON CREDIT CARD: _____

ADDRESS ON CREDIT CARD: _____

AMOUNT OF SALE: \$ _____

CREDIT CARD: VISA - MASTERCARD - AMERICAN EXPRESS - DISCOVER

CREDIT CARD NUMBER: _____

***CREDIT CARD SECURITY CODE: _____

CREDIT CARD EXPIRATION DATE: _____

BUSINESS TELEPHONE NO.: _____

HOME TELEPHONE NO.: _____

I hereby authorize TEXMAC INC. to charge the above credit card \$ _____
for the purchase of parts, machinery, software, or service.

TITLE

PRINTED NAME

SIGNATURE

DATE

Notice:

***For order processing, please attach photocopies of photo ID and credit card.
Submit this form together with the related quote or service report.

***For large purchases you, may need to contact your financial institution to
authorize the transaction.