



## CREDIT CARD AUTHORIZATION FORM

Customer Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name: \_\_\_\_\_

Payment For: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Type:  VISA  MASTERCARD  AMEX  DISCOVER

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_(mm/yy) Total Amount: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Billing City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*\*FOR ACCOUNTING USE ONLY\*\*\*\*

Sales Person: \_\_\_\_\_ Description: \_\_\_\_\_

Invoice #: \_\_\_\_\_ Authorization #: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Crane Safety Associates of America, Inc.  
730 Oak Grove Rd · McDonough, GA 30253  
(770) 898-4411 Phone · (770) 898-4402 Fax  
(800) 356-2212

[www.CraneSafetyAssociates.com](http://www.CraneSafetyAssociates.com)