

DEFEO MANUFACTURING

115 COMMERCE DRIVE | BROOKFIELD, CT | 06804

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information		
Company Name		
Person Authorizing		
Credit Card Type	Visa []	MasterCard []
Credit Card Number		
Enter CCV number/ 3 Digit Security Code		
Expiration Date		
Zip/Postal Code for Billing Address of Credit Card:		
Country:		
Phone Number:		
Fax Number:		
Email Address:		
Please select one of the Following Payment Options		
Once	Bill my credit card once for the following amount	
	Please apply this payment to the following Sales Order/Invoice #	
Monthly	Bill my credit card once per month for the amount of service provided each month for all contracts with DeFeo Manufacturing.	
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at DeFeo Manufacturing's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to lucy@defeomfg.com. Changes in the status of this card can also be reported to lucy@defeomfg.com.</p>		

The undersigned is the duly authorized representative of the Company named above.

Authorized Signature: _____

Date: _____