

Credit Card Payment Authorization Form

Please complete this form to indicate your authorization for Todd & Sons to charge your credit card for the amount shown below. **If you wish for Todd & Sons to keep your credit card on file and charge all purchases, please print "ALL" and initial in the, Estimated Amount Authorized, section.** Please return by mail or fax or e-mail to the Accounts Receivable Department.

Customer Name:	
Taxable Status:	<input type="checkbox"/> Taxable (applicable sales tax will be added to final order total) <input type="checkbox"/> Tax Exempt (valid resale or exemption certificate must accompany this form)
Office Use Only:	Customer No. _____ Order No. _____ Invoice No. _____

BILLING ADDRESS Address _____ Address _____ City _____ State, ZIP _____ Phone _____ Fax _____	SHIPPING ADDRESS <input type="checkbox"/> Same as Billing (If different, please fill out below) Address _____ Address _____ City _____ State, ZIP _____ Phone _____ Fax _____
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Credit Card Information:

Type of Card	Card Number & Security Code (3 or 4 digit number)	Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	_____ Credit/Debit Card Number Sec Code	_____

Estimated Amount Authorized: \$ _____ | Invoice Number: _____

(Please note: freight, applicable sales tax and overruns are not included in estimated amount. Any additional amount for these items, if applicable, will be charged when your product ships.)

By signing below you represent that adequate funds are available to cover the amount shown above and you authorize us to process payment using the credit card information you have provided.

Printed Name: <i>(Exactly as it appears on credit card):</i>	
Customer Signature:	
Date:	