



Credit Card Authorization Agreement

I authorize McCormick-Armstrong (MCA) to charge my credit card for payment of their products and/or services. If MCA is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees. I understand postage is not eligible for payment by credit card.

Check One:

This authority is to remain in full force and effect until MCA has received written notification of its termination in such time and manner as to afford MCA a reasonable opportunity to act on it.

This authority is for a onetime charge according to the information provided below.

Invoice Number		Amount \$	
Invoice Number		Amount \$	
Invoice Number		Amount \$	
Invoice Number		Amount \$	
		Total Charge \$	

Billing Information:

Name as it appears on card:

Check One:

 Visa Master Card American Express

Credit Card #

Expiration Date (mm/yy)

Card Security Code

Address line 1:

Address line 2:

City:

State:

Zip:

Phone #

Fax #

Email:

Authorization

I certify all information provided to MCA is true & correct to the best of my knowledge and hereby authorize MCA to charge the credit card as specified above.

Signature of Card Holder:

Date:

Printed Name of Card Holder:

Fax completed form to 316-263-4511