



CREDIT CARD AUTHORIZATION

Company Name _____

Cardholder's Name _____

Date _____

PO#(s) _____



Visa MasterCard

Credit Card Number _____

Expiration Date _____

Security Code (CSC) _____

Cardholder's Signature _____

I hereby authorize TeamTek Wholesale to use my credit card for the following purchase.

Please attach a copy of both sides of your credit card with this authorization.

Fax to 407.855.7840