



559 Washington Avenue, Belleville, NJ 07109 Tel: 973-759-3637, Fax: 973-759-4242

CREDIT CARD USE AUTHORIZATION FORM

CREDIT CARD TYPE: VISA MASTERCARD

Please note that we do not accept Amex or Discover Cards.

PLEASE PRINT - ALL INFORMATION MUST BE ENTERED CLEARLY AND LEGIBLY.

IN ORDER TO PROCESS PAYMENT WE NEED THE FOLLOWING INFORMATION. ALSO,
PLEASE ATTACH COPY OF FRONT & BACK OF CREDIT CARD & PICTURE ID.

COMPANY NAME: _____

CREDIT CARD HOLDER'S NAME: _____

CREDIT CARD'S BILLING ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER AT THIS ADDRESS: _____

16 DIGIT CREDIT CARD #: _____

SECURITY CODE: _____ **(MUST) EXP. DATE:** _____

NAME OF SALESMAN: _____

TOTAL AUTHORIZED CHARGE AMOUNT: \$ _____

SIGNATURE OF CARD HOLDER: _____ **DATE** _____

I authorize Grant Supplies to charge my card for the amount noted above and agree to be responsible for payment of this charge.

If you need assistance please contact our A/R Dept.
718-729-2373 Ext. 310 or 311

PLEASE FAX BACK TO 973-759-4242