



Grant Supplies, SHK

630 Huyler Street, SHK, NJ 07606, Tel: 201-994-0001, Fax: 201-994-0003

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: \$ _____

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 201-994-0003