



Authorization Request for Credit Card Purchase

Fax: (530) 346-8353 Phone: (530) 346-8123

Please fax completed form to Attn: Accounting

DATE: _____

ATTN: _____ FAX #: _____

FROM: _____ PHONE: _____

TO BE FILLED OUT BY TULLY-WIHR REPRESENTATIVE

CUSTOMER NAME: _____

ORDER DESCRIPTION: _____

ORDER QUANTITY: _____ UNIT OF MEASURE: _____

PRICE PER UNIT: _____ EST. ORDER TOTAL: _____

EST. FREIGHT _____ EST. TAX _____

EST. SUBTOTAL _____ EST. TOTAL _____

*ORDERS ARE SUBJECT TO 10% OVER / UNDER RUN

TO BE FILLED OUT BY CUSTOMER

PLEASE COMPLETE INFORMATION AS SHOWN ON CARD.

USE THIS CARD FOR ALL ORDERS THIS ORDER ONLY

CARDHOLDER NAME: _____

COMPANY NAME: _____

CARD NUMBER: _____

BILLING ADDRESS ON CARD: _____

EXPIRATION DATE: _____ CLIENT PO #: _____

Cardholder Signature

VISA MASTERCARD
 AMEX

DO YOU NEED AN INVOICE COPY SENT? YES NO

BY WHAT METHOD? _____ EMAIL _____

FAX _____ MAIL TO BILLING ADDRESS _____