

AUTHORIZATION - CREDIT CARD

CUSTOMER NAME: _	DBA:		
BILLING ADDRESS: _			
CITY: _			
	ZIP:		
PHONE:	FAX:		
	DIT CARD BILLING ADDRESS		BOVE:*****
ADDRESS: _			
CITY:	STATE	: ZIP:_	
	TYPE OF CREDIT CARD: (CH	ECK WHICH APPLIES)	
VISA	_MASTERCARD	DISCOVER	AM EXPRESS
CARD NUMBER# :		EXP DATE:	
3 DIGIT SECURITY CODE		(Reverse Side of Card)	
AUTHOF	RIZED PERSONNEL FC	R USE OF CREDIT	CARD:
PRINTED NAME:			_
SIGNATURE:			_
PRINTED NAME:			_
			_

WE HEREBY AUTHORIZE **BAY ISLAND SPORTSWEAR** TO CHARGE OUR CREDIT CARD FOR PURCHASES MADE BY THE COMPANY LISTED ABOVE.

FOR EACH PURCHASE WE WILL PROVIDE A PURCHASE ORDER BY FAX OR E-MAIL WITH AUTHORIZATION NOTED ON EACH PURCHASE ORDER.

****THE FOLLOWING SHOULD APPEAR ON THE PURCHASE ORDER: ****

" THE FOLLOWING PURCHASE MAY BE CHARGED TO OUR CREDIT CARD ENDING IN THE LAST 4 DIGITS ______." ~~~~ THERE IS A HANDLING FEE OF 2.5% OF THE TOTAL ORDER ~~~~