

CUSTOMER NAME _____

CREDIT CARD AUTHORIZATION FORM

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Pelican Rope Works.

Instructions

- 1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
- 2. Sign with the Credit Card Holder's signature on the line indicated.
- 3. Mail, E-mail or Fax this form to **1-714-361-1258** to complete your order.

I, _____, authorize Pelican Rope Works
 (Please print Credit Card Holder's name)
 to charge my credit card account in the amount of \$_____ (estimate, may not include shipping or taxes)
 and I authorize receipt of merchandise at the ship to address below.

Cardholder's Signature _____ Date _____

Company Name _____

E-mail Receipt To _____

Type of Card: (circle one) VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number _____ Expiration Date ____/____

Card Verification Number _____ (3 or 4 digit number)

Credit Card Billing Address

Requested Shipping Address
(if different than billing address)

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: _____

Telephone: _____

(Optional) As the Credit Card Holder, I also authorize Pelican Rope Works to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until ____/____ Signature: _____

Please complete and mail or fax all documents required to: 1-714-361-1258 (secure)

1/18/11

Salesperson: _____ Sales Order#: _____

PELICAN ROPE

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