



Credit Card Authorization Form

Please complete all fields you may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Cardholder information:

Cardholder Name (as shown on card): _____

Company Name: _____

Billing address: _____

Telephone: _____

Email: _____

Credit Card Information

Card type: __ MasterCard __ Visa __ Discover __ AMEX __ Other _____

Card Number: _____

Expiration Date(mm/yy): _____

Supplementary Information

Reference Number: _____

Purchase Order Number(if required): _____

I, _____, do hereby state that I am the authorized cardholder and/or authorized user of the above-named card and further authorize Beach City Lift, Inc to process a telephone order on the above-named card for the agreed upon amount. I also understand that all credit card transactions are subject to a nonrefundable 3.5% fee. I also understand that I might be required to show proof of identification for all purchases exceeding \$2,000.00

(Signature)

(Date)