

Credit Card Payment Authorization

Customer Name:

Card Type:
(Please Circle One)



Card Account #

Exp. Date:

Security Number (on Signature Strip):

Cardholder Name (as it appears on card):

Cardholder Address:

City:

State:

Zip:

Cardholder Phone Number

Charge Amount: \$

Cardholder Signature:

Date:

E-mail address to send receipt:

NOTE: By signing, you the cardholder authorize Bertolini, Inc. to charge the amount specified above to your account. This amount will be applied to your order as a payment.

By checking this box I authorize Bertolini, Inc. to debit the above referenced credit card for final payment at the time of shipment, with regard to the terms and conditions on the proforma sales order, without further verbal or written authorization. Bertolini will send notification prior to processing the debit and will send correspondent receipt upon processing of such

For Office Use Only:

Customer #: _____

Sales Order#: _____

Sales Rep. _____

Type of Sale: PrePaid

Deposit

Partial

Final