

Credit Card Charge Authorization Form

Please print or type the following and sign where indicated on the bottom, and email it to your contact person, or fax it to **713-996-0195** (Texas customers) or **714-562-1077** (California customers). All requested information is required or we cannot process the order. If not received within 3 working days, this order will be canceled.

| Company Name | e: | | |
|---|---|--|---|
| Name (as it app | pears on card): | | |
| Billing Address: | | | |
| City: | | State: | Zip: |
| Telephone: | | Email: | |
| Order/Quote/P0 | O No.: | .: Date of Order: | |
| Total Amount B | eing Charged: \$ | | |
| □ Visa | ☐ MasterCard | □ Discove | r □ American Express |
| Card No.: | | | |
| Expiration: | xpiration: Security Code: | | ode: |
| my credit card appear on my c West, LLC and | for the items shown on the credit card statement under I accept full responsibility f | e referenced orde the name of Drake for payment of thi | ount shown above to be charged to er. I understand these charges will e Controls, LLC or Drake Controls - s order. I agree payments are non en goods need prior managemen |
| Full Name (Prin | nt) | | |
| Signature | | | Date |