

OLYMPUS GROUP

9000 West Heather Ave.
Milwaukee, WI 53224
414.355.2010 (PH)
414.355.1931 (FX)

CREDIT CARD AUTHORIZATION FORM

Name of Salesperson you are working with:

CARD HOLDER INFORMATION

Company Name: Name on Card:

Card Holder Billing Address:

City: State: Zip Code:

Telephone:

PAYMENT AUTHORIZATION

Card Type:

Visa MasterCard American Express

Card Number: Exp. Date:

Credit Card Dollar Amount: Order #

Card Identification Number: Invoice #

*Last 3 digits on the back of the Visa or MasterCard
4 digits in the upper corner of the front of the American
Express Card

Invoice #

*** All shipping charges for an order will be charged at time of invoicing or for some orders, that go by freight, may be charged separate.

I authorize Olympus Group to process the above credit card as a one time courtesy for the above order or invoice(s).

I authorize Olympus Group to keep the above credit card on file to use for all orders that are placed.

Card Holder Signature _____

****IMPORTANT**** Page will need to be printed and signed below. **ACTUAL SIGNATURE REQUIRED.**

OR Authorized Personnel Signature _____

Print Name: _____

Title:

Date: