

Credit Card Authorization Form

Company Name:	Cardholder's Name (Appears on the card):
Credit Card Number:	
_	Code: (last 3 digits on the back of the credit card) Code:
Card Type: VISA	Master AMEX
Payment Options: Recurring C	_
Amount charged (One-Time):	lied for All Credit cards payments. Date:
Credit Card Billing Address:	
Street Address:	
Terms and Conditions:	
the cardholder authorizes TW & Company, Inc. To debit their cre goods ordered or received. Emaxcity, Inc (Net term and COD cus credit card when any payments/s is/or past due or when stop pay Inc until payments are made in full. Any non-payment, chargebac	the amount due with or without the shipping charges. By signing this form, dit card for the amount of each sales order or invoices due as payments of tomers) by signing this form Authorizes TW & Company, Inc. to charge their ment occurred. All products and goods remain property of TW & Company, cks, and amount disputes occurred. The Cardholder further understood that V & Company, Inc. TW & Company, Inc reserves all rights to collect any which incurred in/or during the collection process.
Card Holder Signature:	Date:

*Please include copies of the Credit Card (Front and Back) and Cardholders Driver's License.