

**Credit Card Authorization Form**  
*FAX Completed Form to ( 215 ) 627-9030*

**CREDIT CARD INFORMATION**

CS Rep : \_\_\_\_\_ Sales Rep : \_\_\_\_\_

Company Name : \_\_\_\_\_

Name : \_\_\_\_\_ (as shown on credit card )

Type:  VISA  MC  AMEX  DISC

Credit Card Account Number : 

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Exp Date: 

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 V-Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email (Optional) \_\_\_\_\_

**AUTHORIZATION OF PAYMENT**

**Work Order**

**Invoice**

CR Work Order Number : \_\_\_\_\_

CR Invoice Number : \_\_\_\_\_

**Future Purchases:**

As the credit card holder, I authorize Color Reflections, Inc to charge my credit card for future purchases

Authorization Valid Until : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Initial Here :

**I hereby authorize Color Reflections to charge my credit card for payment of the above**

\_\_\_\_\_  
SIGNATURE *\*required*

*Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information will be kept strictly confidential by Color Reflections.*

All sales are subject to PA/NJ Sales tax unless a tax exempt certificate is submitted by client prior to or within 30 days of sale. Supporting documents must be submitted via fax to 215-627-9030.