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AUTHORIZATION - CREDIT CARD

CUSTOMER NAME:		DBA:_		
BILLING ADDRESS:				
CITY:				
	ZIP:			
	FAX:			
_	EDIT CARD BILLING ADDR			VE:****
CITY:	STA	TE:	ZIP:	
	TYPE OF CREDIT CARD:	(CHECK WHICH APP	PLIES)	
VISA	MASTERCARD _	DISCOV	ER	AM EXPRESS
CARD NUMBER#: EXP DATE:				DATE:
3 DIGIT SECUR	RITY CODE	(Revers	se Side of	Card)
AUTHORIZED PERSONNEL FOR USE OF CREDIT CARD:				
PRINTED NAME:				
SIGNATURE:				
PRINTED NAME:				
•••••				•••••
WE HEREBY AUTHOR PURCHASES MADE BY			JR CREDIT	CARD FOR
FOR EACH PURCHASE WE WILL PROVIDE A PURCHASE ORDER BY FAX OR E-MAIL WITH AUTHORIZATION NOTED ON EACH PURCHASE ORDER.				
****THE FOLLOWING S	SHOULD APPEAR ON	THE PURCHASE	ORDER:	***
	NG PURCHASE MAY G IN THE LAST 4 DIO		TO OUR	"

~~~~ THERE IS A HANDLING FEE OF 2.5% OF THE TOTAL ORDER ~~~~