TransLine
Wholesale Supply Company

Credit Card Authorization

Company Information:

Company Name: _____ Accounting Contact: _____

Credit Card Billing Address:

Name on Card: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Debit/Credit Card: *Visa* *Mastercard* *Discover* *American Express*

Card Number: _____ Expiration Date: _____

I authorize Transline Supply Co, Inc to keep my debit/credit card on file and to charge my card to pay my open invoices. It is my responsibility to notify Transline of any changes or updates to my debit/credit card account.

American Express transactions are subject to a 2% processing fee.

I am the authorized owner/user of the debit /credit card:

Signature: _____ Date: _____

Mail to: P.O. Box 9805, Newport Beach, CA 92658, or
Fax to: 714-847-0108, or
Email: accounting@translinesupply.com

Internal Use:
☐ CustServ Entered
☐ Accnt Entered