



# 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

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. This authority will remain in effect until I notify Transline in writing that I wish to end this agreement and Transline has had reasonable time to act on it. It is my responsibility to notify Transline of any changes or updates to my debit/credit card account.

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](mailto:accounting@translinesupply.com)**

Internal Use: <input type="checkbox"/> CustServ Entered <input type="checkbox"/> Acct Entered
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