



Mailing Address: 306 Number Nine Road, Fairview, NC 28739

Tel: 828-696-8005 / Fax: 828-697-7267

Email: LiftGuys@gmail.com

CREDIT CARD AUTHORIZATION FORM

Dealer's Name: _____	Order Name: _____
_____	PO#, if applicable: _____ # _____
Name of Person Placing Order:	Person Placing Order - Telephone Number: () _____
	Person Placing Order – Cell Number: () _____

Method of Payment: (to be completed by the Cardholder)

I am authorizing that the Amount of \$ _____ be charged to the credit card that I have supplied below.

Only Visa or MasterCard is accepted, at this time.



Visa () or MasterCard () # _____ - _____ - _____ - _____
 Expiration Date: ____/____ 3-digit Security Code: _____

**All credit card information is kept in a confidential and secure location.*

Is the person placing the order Authorized to make payments using your credit card information below?
YES NO (Please Circle Yes or No)

Please sign and date here:

X / /

Cardholder's Signature

Date

Name as it appears on Card: _____
 Billing Address (where the Card Statement is sent) _____
 Street Address: _____
 City: _____
 State: _____
 Zip Code (as it appears on the Card Statement): _____

Email completed order form to:
liftguys@gmail.com or fax it to us at: 828-697-7267.

Due to the fraudulent behavior by some, there are new credit card regulations that we must abide by. We have included information that we need in order to process your transactions in compliance with these new regulations. We sincerely apologize for any inconvenience this may cause you.

Thank you for your Order and assistance.