



740 S. Pierce • Louisville, CO 80027
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www.kryptane.com

Credit Card Payment Authorization

Date: _____
Company: _____
Billing Address: _____

**This fax authorizes credit card payment of ONLY the following invoices or purchase orders.
This fax does not authorize payment of any other invoices or P.O.s that may show open for future payment.**

Invoice / P.O.#	Date	Amount	Notes

Credit Card Type: Visa MasterCard American Express
Card Number: — — —
Card Authorization Code _____ (The 3-digit code on the back of your card)
Expiration Date: / Billing ZIP Code: _____
Authorization Signature: _____

By signing this, you authorize the use of the above credit card for the payment of listed invoices.

**Payment must be made in U.S. Dollars
We accept these major credit cards:**



**Credit card orders must be processed within 10 days after invoice date.
Credit card orders will NOT be accepted after the 10 day limit.**