

**CREDIT CARD AUTHORIZATION AGREEMENT*****Thank you for your business!***

In order to accept credit card payment, the following agreement must be signed and returned to Torque Tools, Inc. by fax **(281) 320-8678** or email **accounting@torquetoolsinc.com**, as your approval to our charges for products and services purchased from Torque Tools, Inc.

Please complete **Sections A** and **B**. If you have any questions, please contact Cindy Adams at (281) 320-8677.

**Section A: Required Purchaser / Ship To: Information**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Section B: Required Purchaser Credit Card Authorization Information**Check One:            VISA            MasterCard            AMEX            **Amount** \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name (as it appears on the credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Credit Card Verification Code: \_\_\_\_\_

I hereby authorize Torque Tools, Inc. to bill the credit card listed above for products and services purchased from Torque Tools, Inc.. I agree to pay the total amount according to the terms and conditions of the card issuer agreement.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date