

CREDIT CARD AUTHORIZATION FORM

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.

Customer Information:

Company Name:		Cust. #	
Cardholder Name:			
Billing Address:			
City, State, Zip:			
Phone:			
Email address:			
Shipping Name:			
Address:			
City, State, Zip			
Phone:			
*Credit Card #:			
*Exp. Date:			
*CVV#:			
*Billing Zip Code:			

PLEASE CHECK ONE:

One-time authorization – Amount\$ _____

Blanket authorization
* Effective Date: _____

*Termination Date: _____

*Maximum Allowable Charge Per Transaction: _____

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.

Credit Card Holder's Signature

Date