

Credit Card Authorization Form

Please fill out completely and fax to Fran W at 215 533-1645
Or Email to fweinberg@tiogapipe.com

Name of Customer _____ Customer # _____

Credit Card Billing Address _____ SO or INV # _____

City / State _____ ZIP _____ Cust. PO # _____

Name as Printed on Credit Card _____

Credit Card # _____ - _____ - _____ - _____ EXP Date _____

Code on Back of Card _____ Type of Card VISA _____ MC _____ AMEX _____

I hereby authorize Tioga Pipe Supply Co., Inc. to charge \$ _____,
(plus or minus 10% where exact quantities or random lengths cannot be
determined in advance) to my credit card for the above referenced order. Tioga
Pipe Supply will bill or credit for the difference when it is known.

Customer will receive faxed or E-mailed confirmation when this is completed.

Authorized Signature _____ Date _____

Print Name _____

Please provide Fax # or Email address for your receipt:

Tioga Pipe Sales Rep _____

TIOGA PIPE SUPPLY CO., INC
2450 WHEATSHEAF LANE, PHILADELPHIA, PA 19137
800 523-3678