

Credit Card Authorization Form

PLEASE RETURN THIS FORM TO:

NANCY SZASZ FAX 215-533-1645

Name of Customer: _____ **Customer #:** _____

Address: _____ **Sales Order#:** _____

Phone # _____

Name on Credit Card: _____

Credit Card#: _____

Billing Address on Credit Card: _____

Expiration Date: _____

Type of Credit Card:

Visa: _____ **Mastercard:** _____ **American Express:** _____

I hereby authorize **Tioga Pipe Supply Co., Inc.** to charge
_____, plus or minus 10% to my credit card for purchases I am
hereby authorizing.

Signed by Cardholder: _____ **Date:** _____

TIOGA PIPE SUPPLY CO INC 2450 WHEATSHEAF LANE PHILA. PA 19137