



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

**DO NOT EMAIL COMPLETED FORM**

**FAX TO: 860.632.7247**

**ATTN: BOURDON FORGE SALES / ACCOUNTING**

| Credit Card Information  |              |
|--|--------------|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA<br>(WE DO NOT ACCEPT ANY OTHER CREDIT CARDS AT THIS TIME) |              |
| Cardholder Name (as shown on card): _____  |              |
| Card Number: _____   | CVV #: _____ |
| Expiration Date (mm/yy): _____   |              |
| Complete Billing Address, Including ZIP Code: _____<br>_____   |              |

I, \_\_\_\_\_, authorize Bourdon Forge Co., Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date