



# Total Chemical Resources, Inc.

Business: (671) 646-4742

Business: (671) 646-5689

Fax: (671) 649-0447

## Credit Card Authorization Form

### Authorization Agreement

I, \_\_\_\_\_ hereby authorize **Total Chemical Resources, Inc.** to charge my credit card account with a one time charge in the total amount of \_\_\_\_\_

- Type of Credit Card:
- Mastercard \_\_\_\_\_ (Last 3 digits on back of card)
  - Visa \_\_\_\_\_ (Last 3 digits on back of card)
  - Business Check Card \_\_\_\_\_ (Last 3 digits on back of card)
  - American Express \_\_\_\_\_ (Last 3 digits on **front** of card)

### Account Information

Name of Company: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_  
as shown on card(s)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**For your protection, Cardholder's not present for transactions must verify Cardholder/Company billing address:  
Please provide us with Company / Cardholder Billing Address Below**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

**Payment is to be applied towards the following invoice(s) numbers.**

Invoice Number	Amount	Invoice Number	Amount

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

*Please complete formal authorization and fax back to 671-649-0447*