



MASTERCARD OR VISA AUTHORIZATION

****(NO AMERICAN EXPRESS PLEASE)****

Required Information:

Customer Name _____ Invoice # _____

Billing Name _____

Billing Address _____

Credit Card Address _____
(if different from billing address)

Telephone # _____

1. Type of Card _____
2. Name as printed on Card _____
3. Card Number _____
4. Expiration Date _____ 3 Digit Pin# _____

LETTER OF AUTHORIZATION

_____ I authorize Forklift solutions, INC. to charge my credit card to pay invoice or invoices listed above only.

_____ I authorize Forklift Solution, INC. to charge my credit card to pay invoice or invoices listed above plus any future charges ordered via phone or in person. I will be notified verbally of invoices being charged to my credit card.

AUTHORIZED SIGNATURE _____

DATE _____