



CREDIT CARD AUTHORIZATION FORM

COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY **FAX: (704) 788-6702** OR BY REGULAR MAIL.

COMPANY NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

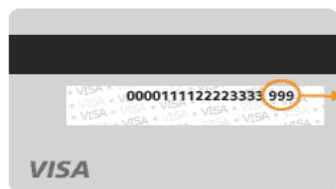
Credit Card Type:
_____ VISA _____ MASTERCARD _____ DISCOVER
_____ AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount to be Charged: **ONCE** \$ _____ (USD) OR

Card to be KEPT on file for ALL purchases _____ (**initial if applicable**)

FAX or send the authorization to:

Appatek Industries, Inc.
P.O. Box 1
Harrisburg, NC 28075