

CLARK AND SON INC.

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:	
Company Name:	
Person Authorizing:	
Credit Card Type:	Visa [] MasterCard [] Discover []
Credit Card Number:	
Enter CVC number:	Last 3 digits from the back of card
Expiration Date:	
Billing Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	
Fax Number:	

Please select one of the Following Payment Options:

Once	Bill my credit card once for the following amount:	
	Please apply this payment to the following Order/Invoice #	
Per Invoice	Bill my credit card once per invoiced order for the amount of the invoice for all orders submitted by my company thru the web, email, or fax to Clark and Son Inc. Discontinue this service on the expiration date of the card or on the following date:	

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Clark and Son Inc's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to sales@clarkandsoninc.com.

Changes in the status of this card can also be reported to acctupdate@clarkandsoninc.com.

The undersigned is the duly authorized representative of the _____ above.
 Company Name

Authorized Signature: _____ Date: _____

Please fax this completed form to 330-866-9290 or scan and email to acctupdate@clarkandsoninc.com.

Thank you and we look forward to working with you!