



CREDIT CARD AUTHORIZATION FORM

COMPANY NAME: _____

CARD NUMBER: _____

CREDIT CARD TYPE: VISA / MASTERCARD / AMERICAN EXPRESS

EXP. DATE: _____ / _____ CVC2/CVV (SECURITY CODE): _____

NAME AS SHOWN ON CREDIT CARD

LINE 1 OF CARD: _____

LINE 2 (IF CORPORATE): _____

NOTE: INFORMATION MUST BE EXACTLY AS IT APPEARS ON CARD

MAILING ADDRESS ASSOCIATED WITH CARD:

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AMOUNT TO BE CHARGED: _____

PHONE NUMBER ASSOCIATED WITH CARD: _____

CREDIT CARD CONSENT:

I/WE, _____ HEREBY AUTHORIZE STAR WAGGONS, INC. TO CHARGE THE ABOVE UNITED STATES DOLLARS (USD\$) AMOUNT TO THE CREDIT CARD LISTED ABOVE.

AUTHORIZED CARD SIGNATOR

DATE