



## Credit Card Billing Authorization Form For U.S. Chlorides, Inc.

If you would like to purchase product and pay by your credit card, simply complete the automatic credit card authorization form. All requested information is required. Upon completion and return, we will bill your credit card for the amount indicated and your total charges will appear on your credit card statement.

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CUSTOMER NAME

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PHONE#

**I Authorize U.S. Chlorides, Inc. to automatically charge the card listed below as specified:**

**Amount: \$** \_\_\_\_\_

**Product:** \_\_\_\_\_

U.S. Chlorides, Inc. accepts the following credit cards: Visa, MasterCard, Discover, and American Express.

**Credit Card Type:** \_\_\_\_\_ **Credit Card #** \_\_\_\_\_

**Expires:** \_\_\_\_\_ **3 Digit Security Code on the back of the card** \_\_\_\_\_

**Card Holders Name:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_

\*\*\*\*\*REQUIRED\*\*\*\*\*

**Customer's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*No Returns or Allowances