



## Blanket Credit Card Charge Authorization

In order for GORM, Inc. to set up your account on credit card terms, please have the card holder complete the following information:

Account Name: \_\_\_\_\_ Cust#: \_\_\_\_\_

Type of Credit Card: Visa \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_

Print Exact Name on Credit Card: \_\_\_\_\_

Billing Address on Card: \_\_\_\_\_  
\_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

C-ID #: \_\_\_\_\_

I give GORM, Inc. authorization to charge my orders to this credit card until I revoke this authorization in writing.

\_\_\_\_\_

\_\_\_\_\_

Signature of Card Holder

Date

Please return by Fax to (909) 292-1409