GORM Incorporated
1501 South Hudson Avenue, Ontario, CA 91761
(909) 292-1400

Blanket Credit Card Charge Authorization

In order for GORM, Inc. to charge invoice(s) to your credit card, 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 #: _____

Invoice Number(s):	Inv. Amount(s):
_____	_____
_____	_____
_____	_____

(Please attach separate pages listing additional invoice numbers if needed)

I give GORM, Inc. authorization to charge the invoice(s) listed above to my credit card.

_____ _____

Signature of Card Holder Date

Please return by Fax to (909) 292-1409