



Thomas Safety Solutions

"Putting Safety To Work For You"

1325 Church Street; Pierson, FL 32180
(386) 749-9262 – Office
(386) 749-4206 – Fax



CREDIT CARD AUTHORIZATION FORM

Complete form.
Print and sign form. Any questions call (386) 749-9262.
FAX to (386) 749-4206

Event Name				
Event Date				
Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> Am. Ex.
Credit Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date	<input type="text"/>			
CID (card ID #)	<input type="text"/>	Last 3 digit number on the back of your card.		

BILLING ADDRESS	
Cardholder Name	<input type="text"/>
Company	<input type="text"/>
Billing Address	<input type="text"/>
Billing Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Telephone	<input type="text"/>

AUTHORIZATION TO CHARGE CREDIT CARD WITH SIGNATURE

I, _____, hereby authorize THOMAS SAFETY SOLUTIONS to charge my credit card account in the amount of \$_____

AUTHORIZATION SIGNATURE: _____

Event Registration is not guaranteed until confirmed. Thank you. We look forward to seeing you. Enjoy the event.
Any questions call (386) 749-9262