



## Credit Card Authorization Form

Customer Information: Full Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card Information: Credit Card Type:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

CVV (Security Code): \_\_\_\_\_

I, \_\_\_\_\_, authorize CNI Manufacturing, Inc. to charge my credit card for the following transaction:

Invoice Number: \_\_\_\_\_

Terms and Conditions:

1. I authorize the above transaction.
2. I understand that this authorization will be used for the purpose of processing the specified transaction only.
3. I confirm that I am the lawful owner of the credit card listed above.
4. I agree to abide by the terms and conditions set forth by my credit card issuer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form via email to [accounting@cni-mfg.com](mailto:accounting@cni-mfg.com)

Thank you for your cooperation.