



CREDIT CARD
AUTHORIZATION FORM
PLEASE PRINT CLEARLY

2600 N.W. 55TH COURT, STE 230 * FORT LAUDERDALE, FL 33309
PHONE (954) 714-4977 * FAX (954) 733 7793

I hereby authorize Industrial Cleaning Equipment & Supply, Inc. to charge the following amount to my Visa, MasterCard, American Express, Discover, (Circle One).

PART #	DESCRIPTION	UNIT PRICE	TOTAL

SALES TAX

FREIGHT CHARGE

TOTAL AMOUNT \$

Must Fax Copy of Front and Back of Credit Card to us with this completed form

CREDIT CARD # _____ / _____ / _____ Exp.Date:

ISSUING BANK _____

EXACT NAME ON CARD: _____

Business Name: _____

Billing Name: _____

Billing Address _____ City _____ STATE _____

Phone _____ Fax _____ ZIP _____

Driver's License # _____ State _____ Expiration Date _____

*** Shipping Address: _____
City: _____ State: _____ Zip: _____ Phone# _____

SPECIAL INSTRUCTIONS: IF SHIPPING ADDRESS IS DIFFERENT FROM BILLING ADDRESS YOU MUST CALL THE CREDIT CARD COMPANY AND APPROVE DIFFERENT DELIVERY ADDRESS!

30% RESTOCKING FEE ON ALL ORDERS RETURNED AND/OR CANCELLED.

Cellular Phone: _____ Pager: _____ Email _____

Signature: _____

PRINT NAME: _____