



Credit Card Authorization Form

Thank you for your order! Since you have requested to pay for your purchase via credit card, we need you to look over the following document, fill in the blanks and **return** to us via fax to (972) 286-5545 so that we may complete your transaction.

“I hereby authorize Compressors Unlimited Intl., LLC. to charge my purchases to my Visa, MasterCard, Discover or American Express card. In doing so, I agree to honor this charge without the use of a credit card swipe or imprint. I am providing Compressors Unlimited Intl., LLC. with the credit card information and ask that they use it to pay for my purchases. I also acknowledge that these purchases are covered by a manufacturer’s limited warranty and agree to the terms of that warranty.”

Customer or Company Name _____

Telephone Number _____

Fax Number _____

Email Address _____

Credit Card and Billing Information

Credit Card Number _____

CV Verification Code _____ Expiration Date _____

Charge Amount \$ _____ (Compressor and freight, if applicable)

Exchange Core Charge Amount \$ _____ (Unless other arrangements have been made in advance the exchange core must be returned freight prepaid within 30 days to avoid the exchange core amount being charged to the credit card listed above)

Shipping Address _____
City State Zip

Name (as it appears on card) _____

Credit Card Billing Address _____
City State Zip

Signature of Authorized User _____

Thank you for your cooperation!