

Salesman: \_\_\_\_\_  
Date Received: \_\_\_\_\_



16967 Highway 99C  
PO Box 549  
Madill, OK 73446  
Phone: 580-795-7377

**You must fax or e-mail this completed form with legible copies of the FRONT and BACK of the CREDIT CARD and cardholder's DRIVER'S LICENSE.**

**Without a copy of the Credit Card and Driver's License, we cannot process your order.**

**FAX: 580-795-7191      EMAIL: jimfgsales@hotmail.com**

**CREDIT CARD AUTHORIZATION FORM**

CREDIT CARD:  Visa     Master Card     American Express

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_  
MM      YY

Card Verification # (3 digits on back of card) \_\_\_\_\_ AMX (4 digits on front of card) \_\_\_\_\_

Name As It Appears On Card: \_\_\_\_\_

Billing Address For Card: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

I authorize J&I Manufacturing, Inc. to charge my credit card account.

**X** AUTHORIZED CARDHOLDER SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_  
MM/DD/YYYY

**•All information will be shredded after each transaction unless you authorize us to keep it on file•**

I authorize J&I Manufacturing to keep my credit card information on file for future purchases. Only the individuals listed below will be authorized to use the credit card.

OR I would prefer to have the following password on my account \_\_\_\_\_ for an individual to be able to purchase.