

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, _____ hereby authorize J&I Manufacturing, Inc. to charge my credit card account in the amount of \$ _____.

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.