



CREDIT CARD AUTHORIZATION FORM

Account No. _____

(Please print legibly to ensure timely process. Required field with **)

Store Name: _____ **State:** _____

****Cardholder's Name:** _____

Master Card **VISA** **American Express** **Bank Debit Card**

****Card Number:** _____ - _____ - _____ - _____ ****Expiration Date:** ____/____/____

****Security Code:** _____

(VISA & MC: last three digits printed on the signature panel)

(AMEX: printed above the card #)

**** Card Issuing Bank Phone No:** (_____) - _____ - _____

(Telephone Number Is Printed On the Back of Card)

Billing Address (Where you receive your credit card statement):

****Street:** _____

City: _____ **State:** _____ ****Zip Code:** _____

Please check here if you would like this authorization to be effective on future orders

Authorization: I authorize Tilos, Inc. to charge my card for order(s)/invoice(s). I agree to pay the credit card charge(s) in accordance with the Card Issuer Agreement. I understand that there would be delay of shipment if the card declines or otherwise incurred difficulty during processing. Note: The signer of this statement **MUST** be the named cardholder.

****Signature:** _____

****Date:** ____/____/____