

**Credit Card Authorization**  
**Fax 1-800-476-1336**  
**Phone 1-800-476-9914**

This Document authorizes 1st On Call, Inc. to use the following Credit Card for payment as indicated below

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
same address where statements are received

Phone(    ) \_\_\_\_\_ Fax(    ) \_\_\_\_\_

Credit Card Type      ☐ Mastercard      ☐ Visa  
                                 ☐ Discover          ☐ American Express

Credit Card Number \_\_\_\_\_

Name of bank \_\_\_\_\_

Expiration Date    mo. \_\_\_\_ / yr. \_\_\_\_    V-Code \_\_\_\_\_

Bank Phone Number on back of card (    ) \_\_\_\_\_

Invoice/Sale Order Number \_\_\_\_\_ Date Authorized \_\_\_\_\_

Authorized Amount    \$

I, \_\_\_\_\_, authorize 1st On Call, Inc. to Debit my credit card for the amount shown above and I assume final responsibility for the charges.

Signed by \_\_\_\_\_ Print Name \_\_\_\_\_

This Form must be completed in FULL, signed by an authorized user of the credit card, faxed or mailed & received by 1st On Call, Inc. to be processed.. All C.O.D. sales are final, All materials that are special orders or custom are non-cancelable and nonrefundable.