



# CREDIT CARD FORM

Company Name: \_\_\_\_\_

Customer #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Card:      MasterCard      Visa

Card Number: \_\_\_\_\_

3-Digit Code: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

## Credit Card Billing Information

*Please provide us with your creditcard billing information as it appears on your credit card statement.*

Name on Card: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

\_\_\_\_\_  
(initials)

I hereby authorize Port City Apparel to charge my credit card for all purchases made on the company account listed above.

\_\_\_\_\_  
(initials)

I hereby authorize Port City Apparel to charge my credit card should any invoice on the company account listed above become 30 days past due.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date