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1441 S. Blosser

## **Credit Card Payment Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until canceled.					
				_	
Account Type:	Visa	MasterCard	AMEX	Discover	
Cardholder Name					
Card Number					
Expiration Date					
Address					
Zip Code		_			
Phone number		<del>_</del>	CV\	<u> </u>	
I,, authorize Streator Pipe and Supply to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.					
SIGNATURE				DATE	
PRINTED NAME					