

CUSTOMER NAME \_\_\_\_\_

### CREDIT CARD AUTHORIZATION FORM

**Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Pelican Rope Works.**

**Instructions**

1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the Credit Card Holder's signature on the line indicated.
3. Mail, E-mail or Fax this form to **1-714-361-1258** to complete your order.

I, \_\_\_\_\_, authorize Pelican Rope Works  
 (Please print Credit Card Holder's name)  
 to charge my credit card account in the amount of \$\_\_\_\_\_ (estimate, may not include shipping or taxes)  
 and I authorize receipt of merchandise at the ship to address below.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

E-mail Receipt To \_\_\_\_\_

Type of Card: (circle one)      VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Card Verification Number \_\_\_\_\_ (3 or 4 digit number)

**Credit Card Billing Address**

**Requested Shipping Address**  
(if different than billing address)

Street: \_\_\_\_\_

Street: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

<p><i>(Optional)</i> As the Credit Card Holder, I also authorize Pelican Rope Works to charge my credit card for future purchases verbally approved by me.</p> <p>Authorization Valid Until ____/____ Signature: _____</p>
--

Please complete and mail or fax all documents required to: 1-714-361-1258 (secure)

1/18/11

Salesperson: \_\_\_\_\_ Sales Order#: \_\_\_\_\_