

Credit Card Authorization

- Famcon Pipe & Supply, Inc.
- Famcon Utility Supply, Inc.

200 Lambert Street, Oxnard, CA 93036 * Phone (805) 485-4350 * Fax (805) 485-3070

I, _____ authorize Famcon to charge to my _____
(Visa, MasterCard, AMEX)

The authorized amount of this charge is: \$ _____.

Numeric address where your statements are sent: _____

City **State** **Zip**

The approval for this charge will only be obtained once your address is verified and the amount is authorized with the credit card company. Please fax on letterhead, a copy of the front & back of your credit card along with a copy of your divers license.

I acknowledge these charges are for the S/O # _____.

All questions or disputes regarding purchases provided by Famcon are to be resolved & directed to the department manager in which the purchases were made. Famcon agrees to accept the above credit card as payment for the goods on S/O without recourse.

Print Name

Signature Card Holder

Date

Phone Number

Account #: _____ V-CODE: _____ Exp. Date: _____

ALL CREDIT AUTHORIZATION FORMS MUST GO THROUGH AN ADDRESS VERIFICATION PROCESS BEFORE TRANSACTION IS COMPLETE, NO EXCEPTIONS.