

Inclinor Company of America Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Company Name: _____

Customer ID: _____

Billing Address: _____

Email: _____

email receipt?

Phone: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____ Security Code (3 digits on back of card): _____

Amount*: \$ _____ (USD) *Add + 3% (*for payments of \$4,000 & greater)* \$ _____
(USD)

Total Charged to Card \$ _____ (USD)

Apply the payment to: _____

I authorize Inclinor Company of America to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Inclinor Company of America
Attn: Accounts Receivable
601 Gibson Blvd.
Harrisburg, PA 17104

Email: Jennifer.jeffcoat@inclinotor.com

Fax: 717-939-8076