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CREDIT AUTHORIZATION FORM

(Credit cards to be used only upon authorization by the cardholder.)

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

I, _____, authorize Mazworx/Mazworx Manufacturing to charge the following credit card for any of my orders either placed by phone, by fax, or by email.

CARDHOLDER NAME: _____

ACCOUNT #: _____

EXP DATE: _____ TYPE OF CARD: _____

CVV2 CODE: _____ (MUST PROVIDE THIS CODE. NO EXCEPTIONS!)

(Check card type VISA MASTERCARD AMEX DISCOVER

ISSUING BANK PHONE NO. : _____ (Locate on the back of the card.)

CARD BILLING ADDRESS: _____

I also agree and have read all terms and conditions given by Mazworx/Mazworx Manufacturing by signing and I agree to pay my orders according to the card issue agreement.

CARDHOLDER SIGNATURE: _____

PRINT NAME : _____