



COSTEX TRACTOR PARTS

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Credit Card Usage Authorization Form

Customer Name: _____

Billing Address: _____

City: _____ State: _____

Country: _____ Zip Code: _____

Telephone Number: _____ Fax: _____

Type of credit Card: American Express _____ Visa _____ Master Card _____

Credit Card Number: _____

Expiration Date: _____

Security Code/CVC (Last 3 numbers on the back of the card) _____

Card Holder Name: _____

My signature below authorizes Costex Corp. to charge the amount of: \$ _____

Signature: _____ Date: _____

****Please attach a copy of credit card and photo identification along with this form. ****
**** Without these documents we won't be able to process your purchase order and payment****