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CREDIT CARD AUTHORIZATION FORM

Thank you for choosing Total Warehouse Inc. We care about your credit card security. After completing this form, please send it directly to creditc@totalwarehouse.com. **Do not copy or forward it to anyone else.** Thank you.

Company Name: _____

Contact Name: _____ Contact #: _____

Email Address: _____

Please circle the type of credit card:

☐ VISA

☐ MASTERCARD

☐ AMERICAN EXPRESS

Credit Card Number: _____ Security Code: _____

Expiration Date: _____ Billing Zip Code: _____

Cardholder Name: _____

I hereby authorize Total Warehouse Inc. to charge my credit card in the total amount of
\$ _____. This amount represents payment for the following invoice(s):

Authorized cardholder signature: _____

Date: _____