



AUTHORIZATION FOR CREDIT CARD USE

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

Name on Card:

Billing Address:

One time payment Keep card on file

Credit Card Type:

Visa Mastercard Discover AmEx

Credit Card Number:

Expiration Date:

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ 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:

Lone/Cal Star System Supply
PO BOX 15680
San Antonio, TX 78212

Return the completed and signed form to the following:

or

accounting@lonestar-us.com