

Charge Card Authorization Return via fax: 216-267-0856

Date:___

Name of Company:					
Account Holder Name:					
Billing Address:					
City, State, Zip:					
Please note: A 3% convenience fee will be added to the authorized charge amount					
Type (Circle one):	American Express		MasterCard	Visa	
Card Number:					
Expiration Date:					
Security Code:	()		e on back of Visa/MasterCard; on front of American Express	
Name of Issuing Bank:					

Invoice Date	Invoice #	Amount
	therized Charge Amount Total	*

Authorized Charge Amount - Total

* A 3% convenience fee will be added to the authorized charge amount

Authorized signature on above account:

Please note: Your signature is authorization for R.L. Wurz Company to process payment on the above referenced credit card plus a 3% convenience fee will be added to the authorized charge amount.

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If you would like a confirmation of this transaction, please provide name, company name, phone number and fax number:

Name	Company	Phone #	Fax#

Internal Use Only: Processed by:_____ Date Processed: _____