

Credit Card Authorization Form

With my signature below, I hereby authorize Champion Awards & Apparel to maintain a record of my Credit Card information and to charge my credit card for services ordered by myself or by others, either in writing, by telephone, fax or email.

I understand this Credit Card will be charged for each product and service that is purchased from Champion Awards & Apparel.

I authorize the persons named below, if any, to order products and services to be processed on my behalf, and hereby authorize Champion Awards & Apparel to charge this Credit Account for the products and services the named person may order either in writing, by telephone, fax, or email. Champion Awards & Apparel may continue to accept orders from any below named person until informed otherwise in writing.

Please fax completed signed document to: (901) 365-2796. If you have any questions, contact accounts payable at (901) 365-4830.

Customer Information

Contact Name: _____
Telephone: _____
Fax: _____
Email: _____

Credit Card Information

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express
Card Number: _____
Expiration Date: _____ Security Code: _____
Cardholder's Name: _____

Billing Address

Address: _____

Signature (as shown on card)

X

Additional Authorized Personell

1: Name _____ Role/Title: _____
2: Name _____ Role/Title: _____
3: Name _____ Role/Title: _____
4: Name _____ Role/Title: _____

Name (Printed)

Signature

Date