



Credit Card Authorization Form

Instructions: Complete, sign and email to AR@lapptannehill.com or fax to (952) 948-3639

Check one: ☐ Visa ☐ Master Card ☐ AMEX ☐ Discover

Credit Card Number: _____

Expiration Date on Card (mm/yy): _____ V-Code: _____

Name as it appears on card: _____

Company name on card (if applicable): _____

Credit card billing address: _____

City _____ State _____ Zip _____

Telephone # _____ Fax# _____

AP Email: _____

This authority is for a credit card charge according to the information provided below:

I authorize Lapp Tannehill to charge my credit card for purchase of products and/or services ordered. I understand my card may be charge twice, once for the material and a second charge for the freight at the time of shipment. If Lapp Tannehill is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fee. **Due to discrepancies in either quantity or shipping charges, any additional cost will be charged to this credit card accordingly.**

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given to be true.

I authorize Lapp Tannehill to keep my signature on file and charge my credit card account on an ongoing basis for amounts I owe. I also agree to contact the merchant if there are any changes to my credit card account information. I understand that this authorization is valid until the expiration date on my card has expired.

Authorization Signature: _____ Date: _____

If your purchases are exempt your company's tax exempt forms need to be received before we can allow a tax exempt status