



Credit Card Authorization Form

I/We authorize Tri County Pump Company to charge my credit account for charges incurred for the purpose listed below. I understand that I/We will be liable for all charges to this transaction. I agree to all listed purchases.

ITEMS TO BE PURCHASED

Description _____

Invoice # _____

Total Amount _____ plus freight and tax if applicable

CREDIT CARD ___ Visa ___ Master Card

Account Number _____

Expiration Date _____

CVV/ CCID Code _____ (3 numbers on back of card)

Name of Cardholder
As it appears on the card _____

Billing address of card _____

Signature _____

Date _____

Please fill in the above information. Once completed please fax the signed authorization form to Tri County Pump Company at (909) 888-3653.