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E-mail: sales@fqpumps.com <u>www.fqpumps.com</u>

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	□ MasterCard	□ VISA	□ AMEX	
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):				Secuirity Code:
Cardholder ZIP Code (from credit card billing address):				
I,				
Customer Si	gnature	Date		