

Monthly Pre-Authorization
Credit Card Payment Form
Visa/Mastercard/American Express

Company Name: _____

Account No.: _____

I (print cardholder name) _____ hereby authorize automatic
payment of monthly statements to McCray Optical Supply Inc. with

(circle one) Visa/MC/AMEX Number _____

Expiry Date ____ / ____ (mm/yy) 3 Digit Security Number _____ (on back of card)

until such time that I request them to stop. (request to stop automatic payment is required in writing)

Printed Name of Cardholder: _____

Signature of Cardholder: _____