

Single Payment Credit Card  
Authorization Form  
Visa/Mastercard

Company Name: \_\_\_\_\_

Account No.: \_\_\_\_\_ USA

I (print cardholder name) \_\_\_\_\_ hereby authorize payment with

(circle one) **Visa** or Master **Card** Number \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ (mm/yy)    3 Digit Security Number \_\_\_\_\_ (on back of card)

in the amount of \_\_\_\_\_ to McCray Optical Supply Inc.

Printed Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_