

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: _____