

Single Payment Credit Card
Authorization Form

Visa/Mastercard/American Express

Company Name: _____

Account No.: _____

I (print cardholder name) _____ hereby authorize payment with

(circle one) Visa/MC/AMEX 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: _____