



Providence Pipe Products, Inc.

CREDIT CARD AUTHORIZATION FORM

PLEASE FAX BACK TO (562) 803-0376

I, _____ authorize Providence Pipe Products, Inc. to
(Name as it appears on card)

charge my credit card for _____.

Account Number	Expiration date	Amount	Date Authorized

Credit card information

Visa	Discover	Mastercard	American Express

Signature of Cardholder

Address

Print Name

City/State

Zip Code

Phone

CC Authorization Code: _____

For internal use only