

**CITY
OFFICE SUPPLY**

Credit Card Authorization

Account Name: _____

Fax # _____ **Account No.** _____

I, _____ authorize City Office Supply, Inc. to charge
(print persons name authorized to use credit card)

**Merchandise ordered with verbal or written purchase orders
to the following credit card number:**

(credit card number)

_____ *(expiration date)*

_____ *(3 or 4 digit card code)*
(card code on back of card / front on AMEX)

_____ *(print name as it appears on credit card)*

_____ *(credit card billing address)*

VISA / MC / AMEX / DISCOVER
(circle - type of credit card)

_____ *(credit card billing address)*

IS THIS A DEBIT CARD? _____

Signed: _____
(person authorized by credit card company)

Date: _____

Please Fax to: (713) 644-2315

Attn: **Colleen Gingrich, CFO**
City Office Supply, Inc.

•If you are uncomfortable faxing the number, complete everything but this,
then call Colleen at (713) 644-5371