



PO BOX 40010 ★ HOUSTON, TX 77240 ★ PHONE 713 896.4002 ★ FAX 713 896.4003  
WWW.ACTIONGYPSUM.COM

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### CREDIT CARD AUTHORIZATION FORM

DATE: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_

INVOICE(S): \_\_\_\_\_

AMOUNT: \_\_\_\_\_

### CHARGE INFORMATION

CARD TYPE: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CARD HOLDER'S NAME (as it appears on card): \_\_\_\_\_

ORDER NUMBER: \_\_\_\_\_

CUSTOMER NUMBER: \_\_\_\_\_

V-CODE: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

COMPANY: \_\_\_\_\_

NAME OF PERSON AUTHORIZING CHARGE \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ PLEASE SIGN AND FAX THIS FORM BACK TO 713.896.4003, AND WE  
WILL PROCESS YOUR PAYMENT.

Customer Signature X \_\_\_\_\_

*Per your request the above listed amount has been charged to your credit card. If you have any questions or comments regarding payment, please contact our credit dept.*

Thank you,  
Credit Manager

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