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CREDIT CARD AUTHORIZATION FORM

Please fill out the following form to authorize use of your credit card. When completed, fax or email the form to (815) 639-8002 (Secure Fax) or scan & email it to Jolson@danfoss.com
Please make sure to have an authorized signature before faxing the completed form back.

Date: _____

Company Name: _____ **Contact Name:** _____

Account Number: _____ **Phone Number:** _____

Credit Card Type:	**AMX**		**Visa**		**M/C**	

Card Number: _____

Expiry Date (MM/YY) _____

Security Code: _____
(Located on the back of the credit card above the signature line or on the front on AMEX)

Name on Card: _____

Billing Address: _____

_____

_____

_____

Please provide your Tax Exemption Certificate if applicable.

Invoice #	PO #	Amount	Invoice #	PO #	Amount	
	Total			**Total**		

Grand Total to be charged to the card = _____

Authorized Signature: _____

Print Name: _____

☐ **By checking this box you are requesting we keep this credit card on file for future use.**
☐ **By checking this box you are requesting a copy of the credit card approval slip.**

We Accept Payment By Visa MasterCard or American Expess