



**P. O. BOX 1019
WARETOWN, NJ 08758
609-693-0094
FAX 609-693-6911**

CREDIT CARD AUTHORIZATION FORM

I authorize the use of my credit card by Caporale Pet Supplies.

_____ On all invoices incurred by my business. The card may be kept on file.

_____ On all invoice to invoice basis. My card is to be used only after my authorization.

I understand I am responsible for all purchases made in my business's name.

Signed: _____

Print: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Information:

Type: _____ Number: _____

Expiration Date: _____ Security Code: _____

Full Name on Card: _____