



P.O. BOX 1019
WARETOWN, NJ 08758
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CREDIT CARD AUTHORIZATION FORM

I authorize the use of my credit card by Caporale Pet Supplies, under the subdivision of West Creek Supply.

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

_____ On an 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.

Disclaimer: The credit card account runs under the name West Creek Supply, a subdivision of Caporale Pet Supplies.

Signed: _____

Print: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Credit Card Information:

Type: _____ Number: _____

Expiration Date: _____ Security Code: _____

Full Name on Card: _____