



**Credit Card Authorization Form**

*For Office Use Only*

Salesman: *MQUINN*

Customer Number: \_\_\_\_\_

\*\*\*\*PLEASE FAX BACK TO 630-622-2022\*\*\*\*

Amex  Discover  MasterCard  Visa

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV/CID number: \_\_\_\_\_  
(MM/YY) (on back)

Name on credit card: \_\_\_\_\_

Company name: \_\_\_\_\_

Credit Card  
Billing address: \_\_\_\_\_  
\_\_\_\_\_

Order  
Ship To address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_ (to receive receipt)

I authorize the one-time use of the information provided on this form

I authorize the use of the information provided on this form for all subsequent orders

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legacy shall not be obliged or required to issue any refunds. Legacy shall be the sole arbiter of the amount of any refund.

To ensure confidentiality, please DO NOT EMAIL completed forms. Completed forms should be faxed to 630-622-2022.