

Viking Manufacturing Inc. (VMI)  
Credit Card Authorization Form

**Company Info**

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Billing Address (For Card) \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

**Card Info**

Company Card or Personal Card (Circle One)      COMPANY                  PERSONAL  
Type (Circle One)                                  VISA                                  MASTERCARD  
Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration \_\_\_\_\_ Card ID Number (3 Digits on Back) \_\_\_\_\_

**Sales Orders**

*Job Name* \_\_\_\_\_ Invoice or P.O. \_\_\_\_\_  
*Job Name* \_\_\_\_\_ Invoice or P.O. \_\_\_\_\_  
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*Job Name* \_\_\_\_\_ Invoice or P.O. \_\_\_\_\_

**WE HEARBY AUTHORIZE THE RELEASE OF CREDIT CARD INFORMATION TO VMI. WE CERTIFY THAT THE INFORMATION ABOVE IS CORRECT AND COMPLETE.**

**SIGNATURE** \_\_\_\_\_ **PRINTED NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Please fax back to 609.645.3218*