

Momentum Battery Lift Truck Solutions

momentumbatterysolutions@gmail.com



Credit Card Authorization

Date : _____

Company Name: _____

Location (Job Site): _____

Billing Address : _____

Contact Person : _____

Phone : _____

Credit Card Zip Code : _____

Credit Card No.: _____

Card Type : Visa _____ Master _____ AMEX _____

EXP: _____ Amount ** _____ V Code _____

Account Type : Personal _____ Business _____

Name on CARD : _____

The undersigned hereby represents, certified and agrees that they are authorized and have the authority to have the above credit card charged.

Name : _____

Signature : _____

**** subject to tax (if applicalbe) & credit card proessing fee 3.5% ****