

# PAYMENT AUTHORIZATION

## ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize Ideal Manufacturing, Inc. to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

### CHARGE DETAIL

I \_\_\_\_\_ authorize **IDEAL Manufacturing, Inc.** to charge my credit card account indicated below in the amount of \_\_\_\_\_ on or after \_\_\_\_\_  
This payment is for: \_\_\_\_\_

### BILLING CONTACT INFORMATION

Street:		Email:	
City:		Tel:	
State:	Zip:	Fax:	

### CREDIT CARD DETAILS

VISA	Mastercard	Discover	American Express
Cardholder Name:			
Last 4 Digits of Card #:			
(For your security, please call 585-872-7190 and provide us with your full card number)			
Credit Card Expiration Date:			
Your 3-digit security code on back of card (4 digits on front of AMEX):			

### AGREEMENT

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

I agree to the terms and conditions stated above.

Signature:	Date Signed:
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Call 585-872-7190 or send an email to [info@idl-grp.com](mailto:info@idl-grp.com) if you need help.