



CREDIT CARD AUTHORIZATION FORM

To whom it may concern:

I, _____, (PRINT NAME) authorize Titan Machine Corp. to use my credit card for payment of Invoice # _____ in the amount of \$_____.

Card number

_____ Visa / Master Card / Amex

Expiration date: _____ Security Code no. _____

Please (must) Include Complete CARD HOLDER'S Billing Address and Telephone number:

Name of card holder _____

Street _____

City, State & Zip Code _____

Name Of Corporation _____

Telephone contact number _____

Signature of card holder: _____

Optional:

I give authorization to keep my credit card on file for future purchases. Yes _____ No _____.

THANK YOU FOR RETURNING THIS TO TITAN MACHINE CORPORATION BY EMAIL OR BY FAX.

FAX NO.: 718 - 361 - 3115 or Email: sales@titanmachine.com / eileen@titanmachine.com