

PO BOX 834, S. NORWALK, CT 06856 • NORWALK: 203-866-9954 • WILTON: 203-761-9670 • FAX: 203-324-5930 • HOD 1183 • CT LIC \$1-301979

## AUTHORIZATION AGREEMENT CREDIT & DEBIT CARDS

Customer:	Name:		
	Address:		
	ereby authorize the above rection entries to my:	named company to	o initiate debit/credit
Visa	Master Card _	AMEX	Debit Card
	(select o	one)	
	stitution named below. The account must comply with		•
CARD NUMBER:		EXP. DATE:	
CARD SECURIT	Y CODE () (3-digi	t code on the back o	of your card)
Billing name and a	address:		
(if not the same as above	·a)		
received written n	is to remain in full force otification from the custom to afford the company an	mer of its terminati	on in such time and
CUSTOMER			
CUSTOMER SIGNATURE			DATE

"Pramer Juel ~ Heats Best"