



Phone: 800.803.8093

Email: sales@gateaccesssupplier.com

LIMITED CREDIT CARD AUTHORIZATION

Dear Customer,

Lift Master USA, with your authorization, will charge your purchase to a Visa Card, Master Card or Discovery credit card.

If you want to process an order this way, please complete this Authorization Form and fax it to Lift Master USA @ #305-437-8247. Please contact us if you have any questions.

Thank you,
Customer Care Dept.

PO or QUOTE #:

Authorization To Charge a Purchase

By Signing below, I authorize Lift Master USA / GAS to charge this purchase to my credit card. I understand this is a "custom order" and my card will be charged upon receipt of this purchase order.

Company Name:	Card Type : Circle One American Express Visa MasterCard Discover	
Signature:	Card Number:	
Print Signed Name:	Card Expiration Date:	
Title:	Cardholder: Full Name as appears on card	
Verification Code: We can not process without this! <input type="text"/>	\$ Amount of Purchase:	Purchase Date:
Phone #: () -		
Address <i>where credit card bill goes</i> :		
City:	State:	Zip Code:

IS THE ABOVE ADDRESS ALSO YOUR "SHIP TO" ADDRESS? Yes No
IF YOU CHECKED NO, PLEASE WRITE YOUR SHIP TO ADDRESS BELOW.

Street Address: _____

City, State & Zip Code: _____

Please do not write below this line

Transaction Date:	Transaction Amount :
Card Authorization # :	Entered By :