



CREDIT CARD
AUTHORIZATION FORM
PLEASE PRINT CLEARLY

NEW LOCATION 1490 South Dixie Hwy. E Pompano Beach, Fl 33060
PHONE (800)731-7789 * PHONE (954) 714-4977 * FAX (954) 733 7793

I hereby authorize Industrial Cleaning Equipment & Supply, Inc to charge the following amount to my Visa, MasterCard, American Express, Discover, (Circle One).

PART #	DESCRIPTION	UNIT PRICE	TOTAL

SALES TAX
FREIGHT CHARGE
TOTAL AMOUNT \$
DEPOSIT AMOUNT \$

***Must Fax Copy of Front and Back of Credit Card to us with this completed form! ←

CREDIT CARD # _____ / _____ / _____ Exp.Date: _____
 ISSUING BANK _____
 LAST 3 DIGETS SECURITY NUMBER (LOCATED ON BACK OF CREDIT CARD) # _____
 EXACT NAME ON CARD: _____
 Business Name: _____
 Billing Name: _____
 Billing Address _____ City _____ STATE _____
 Phone _____ Fax _____ ZIP _____
 Driver's License # _____ State _____ Expiration Date _____

*** Shipping Address: _____
 City: _____ State: _____ Zip: _____ Phone# _____
SPECIAL INSTRUCTIONS: IF SHIPPING ADDRESS IS DIFFERENT FROM BILLING ADDRESS YOU MUST CALL THE CREDIT CARD COMPANY AND APPROVE DIFFERENT DELIVERY ADDRESS!

30% RESTOCKING FEE ON ALL ORDERS CANCELLED AND/ OR RETURNED

Cellular Phone: _____ Pager: _____ Email _____
 Signature: _____
 PRINT NAME: _____

THANK YOU FOR PLACING YOUR ORDER WITH ICES