

**CREDIT CARD
AUTHORIZATION FORM**

Date: _____ Sales Person: _____

Company Name: _____

Billing Address: _____

Accounts Payable Person: _____ Phone #: _____

AUTHORIZATION INFORMATION:

Credit Card (check one)

Master Card

VISA

Account Number: _____

Expiration Date: _____

Name as printed on card: _____

Customer Code: _____

Security Code: (3 digits on back of card) _____

I hereby authorize Essential Personnel, Inc. to charge this credit card for invoices due from the company listed above.

Date: _____

Cardholder Authorized Signature: _____

STOP PAYMENT AUTHORIZATION INFORMATION:

Effective immediately, I hereby revoke the above authorization to charge on this credit card.

Date: _____

Cardholder Authorized Signature: _____

Once you have this form completed please fax it to (308)381-4401