

BACO ENTERPRISES INC.

PO BOX 740487
1190 Longwood Ave.
Bronx, NY 10474
TEL: 718-5896225
(800)622-BACO
FAX: 718-991-6647

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

To protect the cardholder and Baco Enterprises from fraudulent activities, we require a photocopy of the front and back of the card and photo ID of the cardholder.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number: _____	Security Code: _____
Expiration Date (mm/yy):	_____
Cardholder Billing Address with Zip Code:	_____ _____

Telephone: _____

Customer ID: _____ Company Name: _____

Order #: _____ Single Charge Amount: _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date