
CREDIT CARD AUTHORIZATION FORM

Customer Name _____ GTI Acct # _____

Type of Card _____

Card Number _____

Exp. Date _____ / _____

Name on Card _____

Zip Code _____

Total Amount \$ _____

Invoices Paid

Customer Signature _____ Date _____ / _____ / _____

Please Fax Back to 520.882.9388

FOR OFFICIAL USE ONLY

Date _____ / _____ / _____

Approval # _____

Batch # _____

**CREDIT CARD
AUTHORIZATION**