



Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged* _____

**By signing this form, you authorize Polar Tech Industries, Inc.
to charge your card for the amount listed above.**

_____ This credit card is for a one-time authorization.

_____ This credit card may be placed on file and used on future orders.

Signed: _____ Date: _____

**This amount may vary based on freight charges*