



STEELE'S TRANSFER LTD.

CREDIT CARD AUTHORIZATION FORM

VISA

MASTERCARD

CARDHOLDER NAME: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

MUST BE THE ADDRESS ASSOCIATED WITH THE CREDIT CARD

CARD NUMBER: _____

3 DIGIT SECURITY NUMBER: _____

EXPIRATION DATE: _____

EMAIL INVOICE AND RECEIPT TO: _____

PLEASE PRINT CLEARLY

I AUTHORIZE STEELE'S TRANSFER LTD. TO CHARGE THE AMOUNT INDICATED BELOW ON THE CARD NUMBER GIVEN ABOVE.

STEELES ORDER NUMBER (S): _____

TOTAL OF INVOICE(S) \$ _____ + CONVENIENCE FEE (3%) \$ _____

TOTAL AMOUNT TO BE DEBITED: \$ _____

SIGNATURE OF CARDHOLDER: _____

PLEASE PRINT NAME: _____

DATE: _____