



CREDIT CARD AUTHORIZATION FORM

This Thucassi Credit Card Authorization Form is used to process the full payment required for the order, plus taxes and shipping costs, prior to shipment. By completing and signing this form, you acknowledge that you understand and agree to Thucassi's Terms and Conditions. To complete this transaction, please fax the form back to (626) 373-9751 or email info@thucassi.com. We appreciate your business!

Date _____

Company Name _____ Contact Name _____

Contact Phone _____

Thucassi Order/Quote Number _____

PAYMENT METHOD

☐ Visa ☐ Mastercard ☐ American Express

Card Holder Name _____
(Please print exactly how name appears on card)

Card Number _____ Expiration Date _____ Security Code _____

Card Holder Signature X _____
(Signature required to process credit card)

CARD HOLDER'S BILLING ADDRESS

Street _____

City _____ State _____ Zip _____

If you wish to keep a credit card number on file with us, please enter it here. It will be kept strictly confidential.

☐ Visa ☐ Mastercard ☐ American Express

Name on Card _____ Expiration Date _____

Card Number _____

If you would like to use this credit card for future orders, please check the box below and provide your signature

☐ YES, I authorize Thucassi to keep the credit card number listed above on file for future orders placed by me or an authorized agent of my company. I understand that by authorizing Thucassi to keep my credit card on file, I will no longer need to complete a credit card authorization form for each transaction.

Signature X _____

Print Name _____

If you have any questions regarding your transaction, please contact the Accounting Department

626-363-6704 PHONE 626-373-9751 FAX THUCASSI.COM