



## Credit Card Authorization Form

*Please fax completed form to Malloy's Credit Department — 734.995.8527  
Questions? Please call Marge — 800.722.3231 ext. 530*

### CUSTOMER

Customer Name \_\_\_\_\_  
Customer Number \_\_\_\_\_ (for office use only)

### AUTHORIZATION

I authorize Malloy Incorporated to charge my:

Credit Card Type  
(circle one)      MasterCard      Visa      Discover      American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CCID # (located on the card) \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

### PAYMENT AMOUNT

For Invoice #,  
Job #, or Title \_\_\_\_\_

Payment Amount      \$ \_\_\_\_\_

3% Convenience Fee \*      \$ \_\_\_\_\_

Total Amount to Charge      \$ \_\_\_\_\_

\* Malloy will waive any convenience fee if you pay by credit card for an invoice with total charges of less than \$1000. If you pay by credit card for an invoice with total charges of \$1000 or more, or if you pay by PayPal for an invoice of any amount, we charge a 3% fee for the convenience of paying through a third party.

### SIGNATURE

Signature \_\_\_\_\_ Date \_\_\_\_\_

October 2011