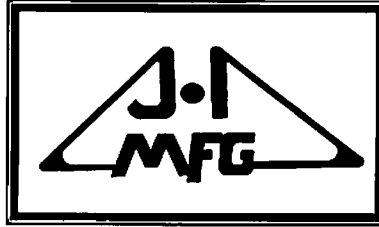


Salesman: _____

Date Received: _____



16967 Highway 99C

P.O. Box 549

Madill, OK 73446

Phone: 580-795-7377 Fax: 580-795-7191

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD: Visa Master Card American Express

Credit Card Number: _____ Expiration: ____ / ____
MM YY

Card Verification # (3 digits on back of card) _____ AMX (4 digits on front of card) _____

Name As It Appears On Card: _____

Billing Address For Card: Street _____

City _____ State _____ Zip _____

Contact Phone #: _____

I, _____ hereby authorize J&I Manufacturing, Inc. to charge my credit card account in the amount of \$ _____.

X AUTHORIZED CARDHOLDER SIGNATURE: _____

Date: _____

MM/DD/YYYY

Individual(s) authorized to pick up: _____

You must fax or e-mail this completed form with legible copies of the **FRONT** and **BACK** of the **CREDIT CARD** and cardholder's **DRIVER'S LICENSE**.

Without a copy of the Credit Card and Driver's License, we cannot process your order.



FAX: 580-795-7191

E-MAIL: jimfgsales@hotmail.com

