

CREDIT CARD SALE AUTHORIZATION FORM

Fax to: 208-734-7821

**Barger-Mattson
1154 Addison Ave. W. Twin Falls, ID 83301
208-733-3743 or 800-632-0836**

Date: _____

Transaction Reference#: _____

Description of Purchase#: _____

CARD INFORMATION

Check One Visa Master Card Discover Amx

LAST 4 DIGITS OF ACCOUNT NUMBER: _____

EXPIRATION DATE: _____ **SECURITY CODE:** _____

Name as it appears on Card: _____

Card Holders Address: _____

ZIP CODE: _____

Card Holders Home Phone#: _____

Card Holders Work Phone#: _____

Third Party Pickup Authorization:

I/WE AUTHORIZE _____

TO PICKUP THIS PURCHASE ON MY/OUR BEHALF from Barger-Mattson of Idaho

**I/WE UNDERSTAND ALL SALES & WARRANTY TERMS OF THIS TRANSACTION
& AUTHORIZE: BARGER-MATTSON OF TWIN FALLS, IDAHO**

TO CHARGE MY/OUR CREDIT CARD IN THE AMOUNT OF: \$ _____

CARD HOLDER'S SIGNATURE: _____