

The Master's Craft Credit Card Authorization Form

Please complete this authorization form and fax it back to 417-986-0235 or email it to ar@themasterscraft.com for processing.

Credit Card Number: _____

Expiration Date: _____

SEC Code: _____

Name on the Card: _____

Business Name: _____

Billing Address (associated with card): _____

Phone Number: _____

Invoices/Sales Orders to be Paid: _____

Total Amount Authorized: _____

Would you like a receipt? Yes No

If yes, please list the fax number or email address you would like it sent to:

Authorized Signature: _____

Printed Name: _____

If you have any questions or concerns, please feel free to contact me at 417-257-3306 or bkt@themasterscraft.com. Thank you for your payment. We appreciate your business!

Brenda K. Thompson

Credit Specialist

The Master's Craft