



74 MAIN STREET, COHOES, NY 12047  
Phone: (518) 233-8185; Fax: (518) 268-1689

**CREDIT CARD AUTHORIZATION FORM**

Date \_\_\_\_\_

This letter confirms that \_\_\_\_\_ (credit card holder name)

From \_\_\_\_\_ (company name)

Is authorizing the use of credit card number \_\_\_\_\_

Credit Card expiration date \_\_\_\_\_ Security Code \_\_\_\_\_ (CCV2)

MASTER CARD

VISA

DISCOVER

Issued from: \_\_\_\_\_

(Bank Name or Credit Card Company)

Address of Bank or Credit Card Company \_\_\_\_\_

(Credit Card Billing Address)

This credit card is to be used for charges incurred at T & T Inc. of NY

For services rendered on: \_\_\_\_\_ In the amount of: \$ \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

By filling out and signing this form, you have authorized us to charge this card for services rendered for the amount entered above.

*\*\*\*\*\* All customers will be assessed an administrative fee of 3.75% for all our products & services. If EFS, COMCHECK, T-CHECK and/or CASH are used for payment, the administration fee will be waived \*\*\*\*\**

Please fax this completed form along with: 1) A copy of the front & back of the credit card

2) A copy of driver's license

**\*\*\*If you return this form without the copy of the credit card front and back and a copy of the driver's license, we will not accept credit card for payment. We will require a T-Check, Fleet Check, EFS Check, or Comcheck. NO EXCEPTIONS.**

Thank you. Service Department