



CREDIT CARD AUTHORIZATION

Type of Credit Card (circle one): Visa Master Card

Credit Card Number:

Expiration Date:

Name as it appears on the Credit Card:

Statement Mailing Address: Street:

City:

State:

Zip:

Describe Purchase:

I authorize HVACReduction.net to charge my credit card in the amount of: \$

Authorized Signature:

Date:

Fax Completed Form to: 1-216-525-8180

Or email to:

tobikj@refrigerationsales.net

carlind@refrigerationsales.net

Student Information:

Name: _____

Email: _____

Phone: _____

Mailing Address: _____

City, State, Zip code: _____