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## CREDIT CARD TRANSACTION AUTHORIZATION

DATE:	_
CUSTOMER:	_ PAYMENT ON ACCOUNT
	PAYMENT IN ADVANCE ON ACCOUNT
PHONE:	_
JOB#	TOTAL INVOICE: \$
INVOICE#	THIS TRANSACTION: \$
CARD#:  Customer Name, Address and phone number	O DISCOVER O  EXPIRATION DATE:  r same as credit card.
	SIGNATURE: X
	DATE:
Please complete, sign and return by fax (1-856-692-1883) or e-mail <a href="mailto:debra@garrisonenterprise.com">debra@garrisonenterprise.com</a> for processing. Your signature above is consent/authorization for Garrison Enterprise, Inc. to charge your credit card as above. A copy of the transaction receipt will be sent to you by fax or e-mail as follows:  FAX/E-MAIL:	