



**Big Joe Handling Systems, Inc.**  
 25932 Eden Landing Rd. Hayward, CA 94545  
 PH: (800) 835-1133 ♦ FAX: (510) 785-0908  
 www.BigJoeLift.com



## CREDIT CARD AUTHORIZATION FORM FOR RECURRING CHARGES

In order to charge your credit card, please complete this form and return it to us by FAX or E-Mail to the below contact information:

**FAX:** (510) 785-0908 ♦ **E-MAIL:** accounting@bigjoelift.com

**NOTE: A 3% credit card fee will be charged for total transactions \$10,000 and over**

Company Name: \_\_\_\_\_

Contact Name : \_\_\_\_\_ Telephone#: \_\_\_\_\_

Please choose the type of Credit Card:

**VISA**                       **MASTERCARD**                       **AMERICAN EXPRESS**

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date : \_\_\_\_\_ Billing Zip Code : \_\_\_\_\_

Credit Card holder's name : \_\_\_\_\_

**I hereby authorize Big Joe California North, Inc. to initiate a recurring charge on the Credit Card indicated above for the total amount due each \_\_\_\_\_ .**

**I also authorize charges for any additional related services that I may incur. Charges to my account may vary. I will be provided notice if the charges exceed \$ \_\_\_\_\_ .**

**Authorized Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY (TO BE FILLED BY BIG JOE ACCOUNTING DEPARTMENT)

CREDIT CARD PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_