



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

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 Address : _____

Billing Zip Code : _____

Credit Card holder's name : _____

I hereby authorize Big Joe California North, Inc. to charge my Credit Card in the total amount of \$ _____ .

This amount represents payment for the following invoices and/or transactions:

Authorized Cardholder Signature: _____ **Date:** _____

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

CREDIT CARD PROCESSED BY: _____ **DATE:** _____