

Credit Card Payment Authorization Form

Please call Bruce Bilgo, Credit Manager, at (920) 651-1705 if you prefer to give credit card information over the phone instead of completing this form. Fax #(920)233-5340.

Oshkosh Sales Order # or Invoice Number: _____

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____

Type of Card: ___ Visa ___ MasterCard ___ AmEx ___ Discover

Account Number: _____

Expiration Date: _____

Security Code: _____

Note: a 2.5% convenience fee will

Amount to Charge: \$ _____ (USD) be added to all credit card orders.

* Including a 2.5% convenience fee.

I authorize Oshkosh Door Company to charge the amount listed above to my credit card.

Signed: _____ Date: _____

Printed Name: _____

E-mail address or Fax # for receipt: _____

For security, please do not email this form. Call (920) 651-1705 prior to faxing to assure form is received by the accounting department. All information will remain confidential.