



2450 Wheatshaf Lane  
Philadelphia, PA 19137

Office 215-831-0700  
Fax 215-533-1645  
tiogapipe.com

## CREDIT CARD AUTHORIZATION FORM

Please fill out completely and fax to **Accounts Receivable** at 215-533-1645 or email to [ar@tiogapipe.com](mailto:ar@tiogapipe.com).

Name of Customer: \_\_\_\_\_ Customer #: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ SO or INV #: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_ Customer PO #: \_\_\_\_\_

Name as printed on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Code on Back of Card: \_\_\_\_\_ Type of Card VISA: \_\_\_\_\_ MC: \_\_\_\_\_ AMEX: \_\_\_\_\_

I hereby authorize Tioga Pipe, Inc. to charge \$ \_\_\_\_\_, **plus or minus 10%** where exact quantities or random lengths cannot be determined in advance to my credit card for the above referenced order. Tioga Pipe, Inc. will bill or credit for the difference when it is known.

**Customer will receive faxed or emailed confirmation when this is completed.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please provide fax # or email address for your receipt:

\_\_\_\_\_

Tioga Pipe, Inc. Sales Rep: \_\_\_\_\_

**When it has to be right.**