



Credit Card Authorization Form

New Customer

Updated Payment method

Company / Bill to: _____

PO/TRUCK _____

(Note Unit # -If this payment method is only for specific unit #s)

Date: _____

I authorize Viking Permits LLC to charge my (check one):

VISA

MASTERCARD

DISCOVER

Card Number: _____ EXP _____/_____

for orders placed by me or on my behalf by an authorized agent/employee of my business. I understand that completed orders cannot be refunded, and that once a permit is requested from the issuing authority, it may not be able to be cancelled. In such cases, I agree to pay for the permit and any associated service fees.

Cardholder Name as it appears on the credit card

Title / Position

Signature

FED ID # / SS# if individual

Company Name

Billing Address

City

State

Zip

Contact Phone ()

Email:

Accounting Contact: _____

Accounting Phone : ____ - _____