

ProGear

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:	
Name:	
Person Authorizing:	
Credit Card Type:	Visa [] MasterCard [] Amex [] Discover / Novus [] Other, please specify:
Issuing Bank:	
Credit Card Number:	
Enter CVC number:	
Expiration Date:	
Billing Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	
Fax Number:	
Please select one of the Following Payment Options:	
Once	Bill my credit card once for the following amount:
Monthly	
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at ProGear's discretion if any charges are declined or charge backs are claimed.</p>	

The undersigned is the duly authorized representative.

Authorized Signature: _____

Date: _____