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CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX: 631-249-9494 or Email to: RLitvack@prestigeequipment.com

Customer Name:

Cardholder Name: _____

Signature: _____

Address: _____

Telephone Number: _____

Fax: _____

Credit Card Type:

_____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date:

_____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit
card): _____

Amount Charged: \$ _____ (USD)

Apply Amount to:

Bidder Paddle #: _____