

BULLINGTON ASSOCIATES

4240 N. BLACKSTOCK RD. • SPARTANBURG, SOUTH CAROLINA 29301
864-574-7179 • FAX: 864-587-6634 • TOLL FREE: 866-574-7179
E-MAIL: mail@bullingtonassoc.com • WEBSITE: www.bullingtonassoc.com

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX: (864) 587-6634

Cardholder Name: _____

Billing Address: _____

City – State – Zip Code _____

Fax Number: _____

Phone Number: _____

SIGNATURE: _____

Credit Card Type: _____ VISA _____ MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____
Expiration Date: _____ / _____

Verification Code: _____ (3-digit number on back of card)

Amount Charged: \$ _____ (USD)

Apply Amount to:
Invoice _____
Quotation _____
(Other: _____)