



# Credit Card Authorization

For One Team Products Internal Use ONLY

Contact us [acct@oneteamproducts.com](mailto:acct@oneteamproducts.com)

713-725-7115

Customer

Reason

Example: PO, Invoice, Project Number, Material or Services

Amount

Date

## Card Information

Card Type

Visa

Master Card

American Express

Discover

Account Number

Security Code

Code  
on  
Back

Exp Date

Month

Year

Name of Card

Address 1

Address 2

City

State

Zip

Name of person providing credit card AUTHORIZATION

Signature

Print Name

Phone