

Credit Card Authorization Form

Please complete all fields and return this form to Burners, Inc. You may cancel this authorization at any time by contacting us in writing (mail or fax) or via email. This authorization will remain in effect until cancelled by the Cardholder or Burners, Inc., Burners, Inc. retains the right to cancel this agreement for any of, but not limited to, the following reasons; card reaches or nearing expiration, excessive card declined instances, excessive product return requests.

Credit Card Information		
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Cardholder Name (as shown on card):		
Card Number:		
Expiration Date (mm/yy):		Security Code:
Card Billing Address:		
Card City:	Card State:	Card ZIP Code:

I, _____, authorize Burners, Inc. to charge my credit card above for
Cardholder Name
 purchases made by _____. I understand that my
Company Name
 information will be saved to file for future transactions on my account.

 Cardholder Signature

 Date

****This authorization MUST be completed and signed by the Cardholder***

Return To Burners, Inc. via one of the options below:

1. Email to: info@burnersinc.com
2. Fax to: 248-684-4475
3. Mail to:
 Burners, Inc.
 Attention: Accounts Payable Dept.
 PO Box 735
 Milford, MI 48381