



**MASTERCARD / VISA / AMERICAN EXPRESS / DISCOVER
SIGNATURE ON FILTER AUTHORIZATION**

Please fill in the information requested and retain a copy for your records.

I authorize Valley Filters to keep my signature on file and directly charge my:
_____ **MasterCard** _____ **Visa** _____ **American Express** _____ **Discover**
Type: _____ **Domestic** _____ **Foreign**

Card Number: _____ - _____ - _____

Expiration Date: _____ **(3 or 4) Digit Security Code:** _____

Exact Name on Card: _____

Exact Company Name on Card: _____

Credit Card Mailing / Billing Address: _____

Email address. (For credit card receipt) _____

Authorized Users of Card: _____

Company Name: _____

Company Ship to Address: _____

Company Telephone Number: _____ - _____ - _____

Company Accts. Payable Phone Number / Contact Name: _____ / _____

Company Fax Number: _____ - _____ - _____

Final Destination Address of Items Purchased (If using one location): _____

Authorized Maximum _____ allowed to be charged.

By signing this form, I authorize payment, and personally guarantee the credit card charges incurred.

Card Holder Signature

Date

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