



1212 Bammel Rd

Houston, TX 77073

www.thecoresupply.com

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

**All information will remain confidential.
All credit card purchases are subject to a 2% fee.**

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ AMEX

Credit Card Number: _____

Expiration Date: _____

CVV Number: _____

Zip Code: _____

Amount to Charge: \$ _____ (USD) **Invoice#** _____

I, _____ authorize to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

_____ I authorize Core Supply to keep my card on file for future orders. I will be contacted before any orders are charged to my card for authorization.

_____ I only authorize a one-time payment, do not keep my card on file. I understand, I must fill out an authorization for each payment.

Please sign and return completed form to the following:

Core Supply, LLC

ar@thecoresupply.com

Fax# 281-847-4387