



SPECTRUM
DESIGNED TO PERFORM

CREDIT CARD AUTHORIZATION FORM

DATE _____

COMPANY NAME _____

CREDIT CARD TYPE _____

CREDIT CARD ACCT # _____

EXPIRATION DATE _____

3 (OR 4) CODE ON BACK _____

ZIP CODE _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print) authorize vendor to charge the above credit card for all purchases posted to my account.

Cardholder's Signature



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