



**CREDIT CARD AUTHORIZATION FORM
RETURN TO**

FAX 504-733-6294 or EMAIL accounting@eagleind.com

PLEASE CHECK ONE:

- ONE TIME TRANSACTION CHARGE MONTHLY RENTAL FEES TO THIS ACCOUNT

COMPANY			
PHONE		FAX	
EMAIL RECEIPT TO:			

CARD TYPE: AMEX VISA MASTERCARD DISCOVER

CARD #			
EXPIRATION		SECURITY CODE:	
NAME ON CARD			
CARD BILLING ADDRESS			

AMOUNT PAID:		
APPLIED TO THE FOLLOWING INVOICES		
	INVOICE / ORDER	AMOUNT

I UNDERSTAND THAT MY CARD WILL BE CHARGED THE AMOUNT INDICATED ABOVE AND AGREE TO PAY THIS AMOUNT.

SIGNATURE _____ DATE _____