



EAGLE

CREDIT CARD AUTHORIZATION FORM

RETURN TO

FAX 504-733-6294 or EMAIL receivables@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 _____