



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

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

I authorize FilterPro 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

Physical Address
811 Main Street
East Lynne, MO 64743

Phone: 800-336-5441
Fax: 816-463-3200
www.fpfilters.com

Mailing Address
PO Box 225
East Lynne, MO 64743