

Credit Card Authorization Form

Your Shop's Name: _____

Your Phone # _____

Mailing address _____

DATE: _____

Accepting Authorization for a payment for a new order placed on _____ date.

From: BOWJAX INC.

208-762-3692 office & 208-762-4297 fax

Credit card # _____

Expiration _____

CVV or 3 digits on back _____

Billing zip # _____

Name of Cardholder _____

Signature _____