## Torpey Denver Company Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Company Name:				
Name on Card:				
Billing Address:				
Credit Card Type:	Visa	Mastercard	Discover	AmEx
Credit Card Number:				
Expiration Date:				
Card Identification Num	ber:	(last 3 digits located on t	the back of the cre	edit card)
Amount to Charge: \$ _		(USD)		
I authorize provided herein. I agree cardholder agreement.		_		
Cardholder – Please Sigr	n and Date			
Signature:				
Date:				
Print Name:				

## Return the completed and signed form to the following:

Email: Sales@torpeydenver.com

Fax: Attn: Accounting – (303)296-1635

Phone: (303)296-1630