



**B. Stephen Cooperage Inc.**  
**PO Box 9537, Ontario, CA 91762**  
**Phone: 909-591-2929 Fax: 909-591-1811**

B. Stephen Cooperage, Inc.

**Credit Card Payment Authorization Form**

**Please complete the information below:**

I \_\_\_\_\_ authorize B. Stephen Cooperage, Inc. to charge my credit card  
 (full name)

indicated below for payment of charges incurred on my account for goods and services.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  Amex  Discover

Is the above a Debit Card?  Yes  No

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization . This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.