

AUTHORIZATION TO CHARGE CREDIT CARD

To: Galleher Corporation
9303 Greenleaf Avenue
Santa Fe Springs, CA 90670
Phone : (562) 944-8885
Fax: (562) 941-8822

Attn: Credit Department - credit@galleher.com

Re:
Invoice(s) _____

Amount - \$ _____

The undersigned hereby authorizes Galleher Corporation to charge my credit card as outlined below to be applied to the account of _____ or to invoices currently outstanding on my account. I agree to hold Galleher Corporation harmless from any and all losses or liabilities arising from any transactions or occurrences related to this authorization. Further, the above amount will be due and payable to the below named credit card issuer pursuant to my credit card agreement with them.

This authorization is valid for this transaction only.

Signature of Cardholder _____ **Date** _____

Credit Card Issuer/Type _____

Credit Card Number (ONLY last 4 digits, NOT entire CC #) _____

Expiration Date _____ **Security Code** _____

Name of Cardholder _____

Address _____

City, State, _____ **Must Have Zip** _____

Telephone Number _____