



**ThermaFit Industries Inc**  
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## Customer Credit Card Authorization

For Internal Use Only

Customer Acct # _____	Customer Name _____	Date: _____
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Customer Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Caller Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Authorized Credit Card

Card Type: \_\_\_\_\_

Card No: \_\_\_\_\_ Card Verification # \_\_\_\_\_

(Last 3 digits on back of card)

Expiration Date: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

\*\*Card Holder Signature: \_\_\_\_\_

For Reference Only

If you would like payments to be applied to specific Invoice Numbers  
Please List Invoices Below or Include Copies with this Fax.

Invoice Number	Invoice Number	Invoice Number

By signing this document you agree to all terms and conditions of TFI INC. For terms and conditions please contact TFI INC.