

**SKAYCO EQUIPMENT, INC.
CREDIT CARD AUTHORIZATION**

COMPANY INFORMATION

Company Name _____

Cardholder _____

Cardholder Telephone _____

Billing Address _____

Shipping Address _____

Card Number _____

Expiration Date _____

Type: VISA MASTERCARD (circle one)

Cardholder Signature _____

Date _____

E-mail to confirm _____

Fax completed form to 610-222-4225.