

OK Koral Marketing, Inc.

## CREDIT CARD AUTHORIZATION FORM

I/We authorize OK Koral Marketing, Inc. to charge my/our:

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Credit Card Type \_\_\_\_\_ Account # \_\_\_\_\_

Verification # (last 3 or 4 digits on Signature Strip): \_\_\_\_\_

Authorization Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Job/PO# \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Company Name: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ A/P Tel#: \_\_\_\_\_

A/P Email Address: \_\_\_\_\_

### STATEMENT OF AUTHORIZATION

The purpose of this statement is to authorize OK Koral Marketing (the "Merchant") to process credit card transactions from the above stated applicant. These transactions will be processed via phone orders or in person at the merchant's location of business operation. By signing this document I/we am/are accepting responsibility for these transactions to ensure full and proper payment to merchant.

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Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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