

**PLEASE DO NOT EMAIL
PLEASE FILL OUT, PRINT, SIGN AND
FAX TO 608-271-5157**

CREDIT CARD AUTHORIZATION FORM

TODAY'S DATE: _____

CHECK ONE: _____ KEEP CARD ON FILE _____ ONE TIME USE

NAME OF COMPANY: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS OF CREDIT CARD

CREDIT CARD TYPE: **VISA DISCOVER MASTERCARD**

NUMBER: _____

EXPIRATION DATE: _____

CVS NO:
(3 DIGITS ON BACK OF CARD) _____

SIGNATURE OF
CARDHOLDER:

*I, the undersigned, fully accept all charges on
the above named credit card and consider
this form to be legal and binding.*

****IF VERBALLY GIVING CARD INFORMATION, PLEASE EMAIL A
STATEMENT TO INFO@VIKINGCUE.COM AUTHORIZING US TO EITHER
KEEP THE CARD ON FILE OR USE FOR ONE TIME ONLY. PLEASE NOTE
YOUR ORDER WILL NOT BE PROCESSED UNLESS VIKING HAS THIS
STATEMENT OR FORM FULLY COMPLETED AND RETURNED TO THEM.**