



U.S. Office: P.O. BOX 1222 Sault Ste. Marie, MI 49783  
Canadian Office: 196 Industrial Park Cres. Sault Ste. Marie, ON P6B 5P2

**Industrial Filtration Manufacturers**

[www.mainfilter.com](http://www.mainfilter.com)

Credit Card Authorization Form

Once you have completed this credit card authorization form, please fax the signed copies back to Main Filter at (705) 949-9431. Orders will not be processed in the future until this signed document is on file. This credit card policy aims to protect you, our valued customer, from any fraudulent use of your card by persons other than yourself and those given your written permission in this document. This process helps us ensure that all our customers are fully informed and protected. We thank you very much for your co-operation and good will.

**PLEASE VERIFY YOUR CARD NUMBER: Along with this signed agreement, please also fax us a PHOTOCOPY, FRONT AND BACK of your CREDIT CARD, with the card bearer's name and number showing clearly.**

By signing this letter of agreement, and by photocopying my credit card

I, \_\_\_\_\_ (Full name as it appears on your credit card)

Hereby give my fully-informed consent, and I agree to allow Main Filter Group to

debit my \_\_\_\_\_ (Credit card company name)

credit card number \_\_\_\_\_ expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_.

By this credit card document I hereby give my complete approval to pay in full for all specific services (ie: sales and shipping) which I have directly ordered and authorized to be bought from Main Filter Group. I further agree to abide by all of Main Filter Group sale policies. (Please see attached Document).

I also give permission to the following individuals to make purchases on my behalf which may be charged to the credit card listed above. (Please print clearly.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

(Signature of Credit Card Holder)