



Special-T Credit Card Payment Authorization Form

- Cardholder signature required for credit card order
- Email completed order form to orders@specialt.net

Agency P.O.# _____

Credit Card Billing Address _____

Bill-to Phone # _____

Bill-to FAX # or Email _____

Required Credit Card Information

Please fill-out all required fields with the correct information

Card Number: _____

Security Code: _____

Expiration Date: _____

Amount to Charge: _____

Cardholder Name: _____

Cardholder Signature: _____

Contract # _____

Ship-to Address _____

Special-T, LLC Order or Invoice #

Special Instructions|Requests

Servicing Dealer

Dealership Name: _____

Contract Name: _____

City and State: _____

Email: _____

Phone #: _____

Account #: _____

QTY	MODEL	COLOR	TAG	LIST PRICE	DISC %	UNITS \$

TOTAL _____