

**COCKEY'S ENTERPRISES, INC**  
**P O BOX 126**  
**STEVENSON, MD 21153**  
**Phone: 410-242-3344 Fax: 410-242-5566**

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**CUSTOMER CREDIT CARD AUTHORIZATION FORM**

**CUSTOMER TO COMPLETE:**

Credit Card:	Circle one:    MASTERCARD    VISA
Date:	
Customer Name:	
Name as it appears on Credit Card:	
Credit Card #:	
Expiration Date:	
CVV Code (3 digits on back of card):	
Cardholder's mailing address—Street:	
City, State Zip:	
Purchase Amount:	
Customer Reference/PO # (if any):	
Authorized Signature:	
Printed name of authorized signature:	
Description of Purchase:	

Please complete information above and fax back to Cockey's Enterprises, Inc @ fax # 410-242-5566.

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**FOR USE BY COCKEY'S ENTERPRISES, INC ONLY:**

Customer Name:	
Customer #:	
Transaction Amount:	
Invoice # or Ticket #:	
Description of transaction:	
Credit Card Transaction Date:	