

MARATHON[®]

CREDIT CARD AUTHORIZATION FORM

I HEREBY AUTHORIZE MARATHON TO KEEP MY SIGNATURE ON FILE AND TO CHARGE/DEBIT MY CREDIT CARD FOR ON ALL MY ORDERS AND ANY OTHER OVER DUE BALANCES IN THE FUTURE.

I UNDERSTAND THIS FORM IS VALID UNLESS I CANCEL THE AUTHORIZATION THROUGH WRITTEN NOTICE TO MARATHON BY CERTIFIED MAIL.

MASTERCARD

VISA

DISCOVER

AMERICAN EXPRESS

1. CREDIT CARD NUMBER _____ EXPIRES _____ CSV _____
(Card Security Value)

Credit Card Signature Authorization: _____

I UNDERSTAND THAT MY SIGNATURE ON THIS CONTRACT WILL SERVE AS MY AUTHORIZED SIGNATURE ON THE CREDIT CARD SLIP.

Note: for multiple credit cards please fill out more authorization forms as needed

Company Name as it appears on the card: _____

First, Last Name as it appears on the card: _____

Billing address the card: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____ Email: _____

Being the Cardholder or Corporate Officer, by signing below I understand and agree to the terms & conditions set forth by MARATHON and agree to pay and specifically authorize MARATHON to charge my credit card on all orders for the products and services provided. MARATHON will provide me with an Invoice statement detailing all of my charges. Returned goods or cancelled orders are subject to a 20% re stocking fee, Less shipping charges. A finance charge of 1.5% per month will be charged to past due accounts not paid with in terms plus any collection cost including attorney fees.

I certify that all information on this application is true and accurate.

PRINT FULL NAME

SIGNATURE

DATE

Email: info@marathonpro.com
Fax: (213) 612 5814