



**CREDIT CARD AUTHORIZATION**  
**(File Back Up)**

I \_\_\_\_\_ (Name)

Representing \_\_\_\_\_ (Co.)

Authorize SLIQUID, LLC to charge my credit card 45 days after invoice.

Name on Card: \_\_\_\_\_

Card Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 or 4 Digit Code: \_\_\_\_\_

For the Charges of SLIQUID Lubricant products and/or Merchandise.

Billing Address (Required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE FILL OUT THIS FORM, SIGN, DATE & FAX TO: (214) 821-4404