



Credit Card Authorization Form

Main Office & Warehouse

240 West Parkway
Pompton Plains, NJ 07444
phone: (973) 831-1555
1-800-950-6999
fax: (973) 831-1525

Distribution Center

1610 Greens Road - Suite 400
Houston, TX 77032
phone: 1-800-950-6999

website: www.strongman.com
email: sales@strongman.com

NAME AS IT APPEARS ON CARD: _____

COMPANY: _____ EMAIL ADDRESS: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

INVOICE # / DESCRIPTION: _____ AMOUNT OF CHARGE: \$ _____

TYPE OF CARD:



CARD # _____ EXPIRATION DATE: _____ CCV # _____ *

*The Credit Card Verification (CCV) number is the 3-digit number located on the back of your card, at the top of the signature strip (last 3 numbers). For your protection, the 3-digit CCV number on your credit card is required for processing.

By signing below, I authorize Strong Man Safety Products Corp. to charge the credit card for the amount specified above:

AUTHORIZED SIGNATURE _____ DATE _____

**PLEASE FAX BACK COMPLETED FORM TO 973-831-1525
OR EMAIL TO SALES@STRONGMAN.COM**

**Please note: Payments made by credit card are only accepted
for new customers prior to credit approval.**

**NOTE: THIS FORM MUST BE RECEIVED BACK BY 2:00 PM (EST)
OTHERWISE YOUR ORDER WILL NOT SHIP UNTIL THE NEXT AVAILABLE DAY.**