



Credit Card Authorization Form

MAIN OFFICE & WAREHOUSE
240 West Parkway Pompton
Plains, NJ 07444

15927 Distribution Way,
Cerritos, CA 90703

11250 NW 25TH Street - Suite 124,
Miami, FL 33172160

DISTRIBUTION CENTERS
1610 Greens Road - Suite 400
Houston, TX 77032

160 Scott Street
Elk Grove Village, IL 60007

**TO LOCATE A STRONG MAN DISTRIBUTOR,
CALL 1-800-950-6999**

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

NAME AS IT APPEARS ON CARD: _____

COMPANY: _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

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

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.**