



Charge Card Authorization Request

Please email completed form back to hvacfulfillment@tkograpix.com or call 317-273-2772.

Please fill out the items in **red**

Card Type Visa / Matercard / American Express / Discover
(Select/Circle One)

Account Number _____

Name as it appears on Card _____

Expiration Date _____

Security Code _____

Authorized Amount to Charge \$

Street Address card is billed to: _____

Zip Code: _____

Tax Exempt? Yes _____ NO _____

Amount of tax (only) _____

Persons Name (If other than name on card) _____

TKO Customer Name:

Customer #:

Invoice #:

Job #:

Email or Fax # for copy of receipt: _____