



Credit Card Billing Authorization

To: \_\_\_\_\_  
Company: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Title: \_\_\_\_\_  
Fax No: \_\_\_\_\_

**PLEASE RETURN VIA FAX TO:**  
**Minco Manufacturing LLC**  
**Attention: Credit Department**  
**Fax No.: 1-719-550-1390**  
**855 Aeroplaaza Drive**  
**Colorado Springs, CO 80916**

Please bill the following credit card for orders placed to Minco Manufacturing LLC for shipment to the address(es) below. I understand that these orders will be directed to my attention, and I am responsible for any records of receipt at these locations.

Minco Manufacturing LLC Customer Number \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone \_\_\_\_\_

Cardholder Signiture: \_\_\_\_\_

**SHIP TO:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Additional Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Master Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Visa Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

American Express \_\_\_\_\_

Expiration Date \_\_\_\_\_

For more information, contact the Minco Manufacturing Credit Department: 1-719-550-1223

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