

Credit Card Authorization Form

Date: _____

I, _____ of _____ do hereby
(name of card holder) (name of company)

authorize Lummus Supply Company to charge my credit card in the amount
of \$ _____ for payment of invoice number (s) _____

Credit card type: _____

Credit card account # _____

Credit card V-code# _____

Expiration date: _____

Please print the cardholders name, credit card billing address, phone number and
sign below:

Phone # () _____ - _____

Card member acknowledges receipt of goods and/or services in the amount of
the total shown above and agrees to perform the obligations set forth by the card
members agreement with the issuer.

Signature: _____

PLEASE FAX THIS FORM TO LUMMUS SUPPLY CO. AT 404-794-4519