



Credit Card Authorization

*Effective 9/1/19, there will be a 3% credit card fee added for orders over \$1500 (Pre Tax)

I authorize TPM, Inc. to bill the following listed credit card in the amount of \$ _____ (plus applicable tax/fee) for payment.

Credit Card Type: Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____

Name of Business: _____

Name on Card: _____

Card Billing Address: _____

Card Billing Address 2: _____

Card Billing City, State: _____

Card Billing Zip Code: _____

Card Security Code: _____

(Located on the back of the card next to signature line/Front of card on American Express)

Signature of Cardholder

Date

www.tpm.com | 1-800-922-1145

Greenville, SC

Columbia, SC

Charleston, SC

Charlotte, NC

Raleigh, NC

Atlanta, GA



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