



Authorization for Credit Card Billing

I, _____, on behalf of _____ (“Company”) hereby authorize Central Salt LLC (“Central”) to charge the credit card number provided below for the amount indicated. Central does not keep credit card information on file.

By: _____ Title: _____
(Signature)

**Central Salt Invoice #'s to pay
(if known):**

Total Amount Charged to Credit Card:

Today's Date:

Company Name:

Credit Card #:

MasterCard, VISA or Discover

Expiration Date:

3 digit # on back:

Exact Name on Card:

Billing Address:

Billing City, State, Zip:

Cardholder Phone#:

Cardholder Signature:

ELGIN OFFICE

385 Airport Road, Suite 108, Elgin IL 60123
888-499-7258 Phone / 847-608-8130 Phone / 847-608-8135 Fax

LYONS MINE OFFICE

1420 State Road 14, Lyons KS 67554
800-879-7258 Phone / 620-257-5626 Phone / 620-257-5052 Fax