



Credit Card Charge Approval

Name: _____
(As it appears on credit card)

Credit Card #: _____

Security Code: _____

Expiration Date: _____

Credit Card Billing Address: _____

City: _____

State: _____ ZIP: _____

I HEREBY AUTHORIZE TEX-MEX CURIOS INCORPORATED TO
PROCESS MY CREDIT CARD FOR THE PURCHASE OF TMC PRODUCTS

Your signature: _____

Printed Name: _____

Date: _____

FAX CREDIT CARD FORM TO: 361-884-9791