

**CREDIT CARD AUTHORIZATION FORM**

**Company Information**

1 LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation list full corporation name).  
\_\_\_\_\_  
2 Physical Business Street Address (No P.O. Boxes)  
\_\_\_\_\_  
2 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
2 Business Phone ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

**Credit Card Information**

3  \_\_\_\_\_ Exp Date: / \*C V V #  
Credit Card Number m/y  
3  \_\_\_\_\_ Exp Date: / \*C V V #  
Credit Card Number m/y  
4 \_\_\_\_\_ \* 3 digit # on the back of credit card  
Name, *exactly* as it appears on the card:  
\_\_\_\_\_  
Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Company).  
***If this address is not correct it will delay the shipping of your merchandise.***  
5 \_\_\_\_\_  
Street City\State Zip

\*\*\*\*\* Important \*\*\*\*\*

If you intend for another individual to place orders and pay for the equipment using your credit card, you must give them authorization on this form. Please list the names of those individuals that are authorized to use your credit cards as payment for merchandise. No other individuals will be allowed to request that these credit cards be used for payment.

6 Authorized User #1: \_\_\_\_\_  
Authorized User #2: \_\_\_\_\_  
Authorized User #3: \_\_\_\_\_

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individuals to use these cards for purchases from SOL CABINETS WHOLESAL INC. Further, I authorize my credit card company to accept and to charge to my account for purchases initiated by the above named individuals. This authorization allows SOL CABINETS WHOLESAL INC. to continue to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing.

7 X \_\_\_\_\_ x \_\_\_\_\_  
Signature of Card Holder Print Name Here