



Credit card Authorization Form

I, _____, being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize **CopierSupplyStore.com** to charge my credit card, for goods provided. **CopierSupplyStore.com** will provide me with an invoice and proof of delivery, if requested, for all of my purchases. I further agree that in the event my credit card becomes invalid, I will provide **CopierSupplyStore.com** with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

Cardholder's Signature: _____ Date: _____

VISA MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ / _____ VID Code: _____

Credit Card Billing Address:

Cardholder Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US): _____

Telephone: () _____ - _____ Fax: () _____ - _____

Requested Shipping Address:

Cardholder Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US): _____

Telephone: () _____ - _____ Fax: () _____ - _____

**** If a bank outside the US issued the credit card you are providing CopierSupplyStore.com, please provide a copy of the card front and back along with this form. Be sure to lighten copies before copying and identification card****

As the credit card holder, I also authorize **CopierSupplyStore.com** to charge my credit card for future purchases verbally approved by me. Please print clearly

Name of Company: _____ Name _____ Title _____

Authorization Valid Until: _____ / _____ Initials Here: _____

Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. **CopierSupplyStore.com** will keep all information entered on this form strictly confidential