

Customer#: _____

Credit Card Authorization

I, _____, hereby authorize Experts Retail a Solution Experts, Inc. Company to charge my credit card for all the purchases made by our company and locations listed below.

Customer Company Name: _____

AMERICAN EXPRESS / DISCOVER / VISA / MasterCard (please circle one)

Credit Card Number: _____

Expiration Date: ____ / ____ CVV Code: _____ (3-digit number on the back of the card. AMEX 4-digit front of card)

OWNERSHIP

Company Legal Name _____

Phone (____) _____

Address _____

Fax (____) _____

City/State/Zip _____

E-mail _____

BILLING INFORMATION

Name on the Account _____

Address _____

City/State/Zip _____

Credit Card Authorization

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT I/WE CAN AND WILL COMPLY WITH TERMS OF **Experts Retail**.

As the credit card holder, I also authorize Experts Retail to charge my credit card for future purchases verbally (or written) approved by me. Charges made on the card will be relative to the terms extended to my company (C.O.D., Net 30, etc.)

Name _____ Title _____ Date _____

Authorized Signature _____

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

**** Please note: Credit card will be charged prior to shipment. ****

Credit Card Authorization Form