

Charge Card Authorization



612 32nd St. South, Suite 111
Birmingham, AL 35233

Phone: 205/252-0141
Fax: 205/251-1718

Date: _____ (Click on form field to type, then print, sign and fax. Thanks.)

I (printed name) _____,

at (card billing address) _____

authorize Custom Supply, Inc. to charge my credit card and deliver to address

(name) _____

(street address) _____

(city, state, zip) _____.

I accept full responsibility for payment for goods and services delivered to this address, and understand that special order items may require a nonrefundable deposit and may not be returned, and that no warranty, other than that offered by the manufacturer applies to any item purchased.

I authorize the following employees of my business to place orders using my card (please print names or "None"):

_____.

Signature: _____

Printed Name: _____

Visa, MasterCard, or Discover Card Number: _____

Expiration Date: _____ Charge Card Customer Code: _____

(Orders cannot be processed unless all information is provided.)