

CREDIT CARD AUTHORIZATION
PLEASE PRINT IN BLACK. THIS FORM MUST BE FILLED OUT COMPLETELY.



GENERAL INFORMATION

Business Name		New Customer <input type="checkbox"/> Yes <input type="checkbox"/> No, existing customer. If Existing, Account No.	
Trade Name (DBA Name if Different from Business Name)			
Registered Business Address (Owners address if DBA): (Street Address, City, State/Province, Postal/Zip, Country)			
Corporate Phone:		Corporate Fax:	

CREDIT CARD INFORMATION

Name (as it appears on the card)			<input type="checkbox"/> VISA	
If this is a corporate card, please print the Business Name as it appears on the card			<input type="checkbox"/> Discover	
Visa/MC/Discover Number	Exp Date (MM/YYYY)	CVV Number***	<input type="checkbox"/> Master Card	
Credit Card Billing Address (if different from registered address) *		City	Province	Postal Code

* Billing Address is the location where you receive the credit card statement, or the address recorded with the credit card provider in the case of online statements.

IF BILL TO & SHIP TO DON'T MATCH, LIST ALL APPLICABLE BUSINESS NAMES AND SHIP TO ADDRESSES

If you would like us to use this card against orders shipping to more than one location, please list the name and address of all the locations.

Store/Business Name	Ship To Address	Phone

TERMS AND CONDITIONS

- I/we authorize **The Basu Group, Inc.** (TBG) to charge and agree to pay the current and future invoices in full at the time of the purchase, with the valid Credit Card information provided above including but not limited to the merchandise shipping to the addresses mentioned above against a valid PO.
- I/we understand that TBG may charge my credit card 1-5 days prior to shipping the merchandise.
- I/we further agree to pay our credit card issuer the amounts charged, as per the card issuer agreement.
- In the event of default of the foregoing paragraph (1) I/we agree to pay TBG service charges in the amount of 2% per month on all unpaid balances. THIS SERVICE CHARGE EQUATES TO 24% PER ANNUM.
 - I/we also agree to make all future payments using a bank/cashier's check.
- In the event of any charge backs and additional fees charged by the Merchant Service Provider, I/we agree to pay those charges.
- I/we agree to notify TBG of any change in ownership within thirty (30) days of said change.
- In the event that this account is placed for collection, I/we agree to pay all reasonable collection expenses and/or attorney fees as determined by the court.
- In the case of a dispute, I authorize TBG to share all the information on this form with their Merchant Service Provider and the card issuer or parties authorized by the card issuer.

Signature by Card Holder	Title	Date



Your privacy is important to us. Please fax this application to 908-325-0436. Do not email. Fax is more secure than email because it cannot be hacked very easily. Especially when sharing your credit card details, fax is strongly recommended.