



## Credit Card Authorization Form

Legal Name of Business: \_\_\_\_\_

DBA as: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DCCS Sales Rep: \_\_\_\_\_

Ship to:

Shipping Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bill to: (If same leave blank)

Billing Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Credit Card Number (Last 4 Digits Only): \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Charge Amount: \_\_\_\_\_ For

**OPEN** charge authorization indicate by writing **OPEN**.

Please list the name of those individuals that are authorized to place orders using this credit card as payment for merchandise:

\_\_\_\_\_  
\_\_\_\_\_

Remittance of this form indicates an authorization on the part of the credit card holder to charge amounts authorized on written orders sent to Discount Credit Card Supply. The charges are for the purchase, repair, replacement or other services associated with products purchased from Discount Credit Card Supply including shipping. By indicating **OPEN** charge, you are authorizing Discount Credit Card Supply to charge your credit card for the total amount of the invoice whether the order placed was written, faxed, emailed, entered via web or verbal.

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please call your sales representative for your full credit card number. Fax form to 312.533.2095 or  
Email to your Sales Representative. **847.266.1220** •  
**sales@dccsupply.com** • **www.discountccsupply.com**