



# international supplies

## CREDIT CARD AUTHORIZATION FORM Attention Credit Department

Customer Account#: \_\_\_\_\_

Business Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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

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

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

3/4 digits Card Code  
From Back of card: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Bank Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_ VISA    \_\_\_\_ MASTERCARD    \_\_\_\_ AMERICAN EXPRESS    \_\_\_\_ DISCOVER

**\*\*Please note: 5% will be added to your order(s) when using your American Express credit card\*\*** Initial Here: \_\_\_\_\_

\*\*\*\*\*

I hereby authorize INTERNATIONAL SUPPLIES to use the above written Credit Card number for the Purpose of product and shipping/handling invoice(s) and sales tax fees (if applicable). If you want International to automatically charge the same credit card for all future orders, please check the box below and initial. I am aware my credit card may be charged without the freight charge(s) for my current/future order(s); International Supplies may charge my credit card for the freight charge(s) / past due invoice(s) at later date and or the very next day. All credit card disputes MUST be sent in writing to International Supplies credit department. I agree to allow International Supplies to research and resolve any/all disputes within 30 days from the date the notice is received in their office.

\_\_\_\_ Yes, I authorize the same card to be charged for future order(s) / past due invoice(s) \_\_\_\_\_  
Initial Here

\_\_\_\_ No, I will provide INTERNATIONAL SUPPLIES a written credit card authorization for each order and or past due invoice(s) placed with the company. \_\_\_\_\_  
Initial Here

**THIS FORM MUST BE SIGNED AND DATED BEFORE WE CAN PROCESS YOUR ORDER (S).**

Card Holder Signature: \_\_\_\_\_

**\*\* I HAVE READ AND AGREE TO ALL OF THE ABOVE\*\***

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

13425 S. Figueroa St., Los Angeles California 90061\* (310) 672-9090\* Fax (310) 672-3030