



**POUNDEX**

**POUNDEX ASSOCIATES CORP.**

21490 Baker Parkway, City of Industry, CA 91789

Tel: (909) 444-5878 • Fax: (909) 444-5898

**CREDIT CARD AUTHORIZATION FORM**

**VISA, MASTER AND AMEX CARD**

**Customer Information**

Company name: \_\_\_\_\_  
(Must be same as our records)

Company Address: \_\_\_\_\_  
(Must be same as our records)

☐ Corporate Credit Card \_\_\_\_\_  
(Company name On Corporate Credit Card) (Name of Card Holder)

☐ Personal Credit Card \_\_\_\_\_  
(Personal name On Credit Card)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_  
(Credit Card statement address, City, State and Zip)

CVV # \_\_\_\_\_ (Last 3 Digits on back of card)

I authorize Poundex Associates Corporation to charge this credit card for my Company's purchase

**Company's Purchase**

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

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

Printed Name of Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

☐ Please check the box if you would like us to keep your credit card number on file.

PLEASE FILL OUT BELOW ONLY IF YOU DO NOT WANT THE CREDIT CARD ON FILE.

Sales Order Number \_\_\_\_\_ Amount Authorized \_\_\_\_\_

**Poundex Use Only**

Processor Intials \_\_\_\_\_ ☒

Manager Intials \_\_\_\_\_ ☒

NOTE: ORDERS WILL NOT BE PROCESSED WITHOUT THIS SIGNED COPY ON FILE.