

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 select the type payment for this credit card:

☐ **YES, KEEP this credit card on file.**☐ **NO, ONLY one-time payment for the following order. (DO NOT KEEP THE CREDIT CARD ON FILE)**
Sales Order Number _____ **Amount Authorized** _____**Poundex Use Only****Processor Initials** _____ ☐**Manager Initials** _____ ☐

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

Revised on November, 2023