



CREDIT CARD AUTHORIZATION FORM

Date: _____

Dealer Name : _____

Address : _____

City : _____ State : _____ ZIP : _____

Phone : _____ Fax : _____

Credit Card Type :

Visa _____ MasterCard _____ Discover _____ Amex _____

Corporate _____ Personal _____ Debit _____

Issuing Bank : _____

Name on Card : _____

Primary Account Number : _____

Expiration Date : _____ Verification Code : _____ ***

Secondary Account Number : _____

Expiration Date : _____ Verification Code : _____ ***

***** IMPORTANT !** This is the number on the signature line of your credit card following the card number. This will be required in the future as an extra precaution against fraud. We cannot run your card without it. Finance charges are calculated @ 1.5% on invoices past due at time of running statements. Accounts will be placed on CREDIT HOLD when invoices become 15 days past terms. Accounts paid by Credit Card after terms have expired will be charged a 2% fee.

Authorized users : _____

Please check one :

_____ This authorizes Cutting Edge Distributing to charge purchases on the above account.

_____ Each individual order must be authorized before any purchases are charged to the above account.

Special Instructions : _____

OFFICER'S NAME (please print) : _____

Authorized Signature : _____