CREDIT CARD BILLING AUTHORIZATION FORM

Please PRINT the following information:

COMPANY NAME:	ORDERED BY:		
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE:	FAX:		

PAYMENT OPTIONS: ☐ MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER

ACCOUNT NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

EXPIRATION DATE: ☐☐/☐☐/☐☐

M M / D D / Y Y

CVV CODE: ☐☐☐☐

(Last 3 digits from the back of the card or 4 digits from the face of the card)

Please PRINT the following information:

CARDHOLDER'S NAME (as it appears on the credit card):		
BILLING STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
CARDHOLDER'S PHONE NO. (associated with credit card):		

Being the cardholder or Corporate Officer, by signing below I understand and agree that all information provided is accurate and complete.

I further understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize AMD SUPPLY, LLC to charge my above listed credit card **$**_____.____

for the products and services as requested by myself and/or my company.

Please apply this payment to **Purchase Order# / Sales Order# / Invoice#**_____.

CARDHOLDER'S SIGNATURE: DATE:

AMD SUPPLY, LLC
8717 NW 117TH STREET - SUITE # 1 I HIALEAH GARDENS, FL 33018 I P: 786-621-6706 I F:786-621-6708
HOURS: Monday - Friday 8:00 am a 5:00 pm I Saturday: 8:00 am - 1:00 pm
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