

CREDIT CARD BILLING AUTHORIZATION FORM

Please PRINT the following information:				
COMPANY NAME:	ORDERED BY:	ORDERED BY:		
STREET ADDRESS:	CITY:		STATE:	ZIP CODE:
PHONE:	FAX:			
THORE.	TAX.			
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PAYMENT OPTIONS: MASTERCARD	VISA AN	MERICAN EXPRESS		DISCOVER
ACCOUNT NUMBER:				
EXPIRATION DATE:				
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:				
СІТУ:	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 co	mpany.			
Please apply this payment to Purchase Order# / Sales Order#	/ Invoice#			
CARDHOLDER'S SIGNATURE:	DA	ATE:		
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