



CREDIT CARD AUTHORIZATION FORM

CONTACT INFORMATION	REP CODE:
COMPANY NAME:	TAX ID NUMBER:
EMAIL <i>Primary Contact</i> :	TELEPHONE <i>Primary</i> :
EMAIL <i>For Receiving Invoices</i> :	TELEPHONE <i>Accounting</i> :

CARDHOLDER AGREEMENT
<p>CREDIT CARD HOLDER HEREBY AUTHORIZES POWER PRODUCTS UNLIMITED, LLC (PPU) TO CHARGE PURCHASES TO THE CREDIT CARD ACCOUNT PROVIDED AND TO HAVE PURCHASES SHIPPED TO THE ADDRESS BELOW. CARDHOLDER AGREES TO FULL RESPONSIBILITY FOR PAYMENT OF ALL FUTURE PURCHASES AND THAT THIS AUTHORIZATION REMAINS IN EFFECT UNTIL CANCELLED IN WRITING.</p> <p>CHECK CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p> <p>SECURITY CODE ON CARD (3 OR 4 DIGITS) _____ EXPIRATION DATE _____</p> <p>CARD NUMBER _____</p> <p><input type="checkbox"/> CHARGE UNTIL AUTHORIZATION CANCELLED <input type="checkbox"/> CHARGE THIS PURCHASE ONLY (\$ _____)</p> <p>CARDHOLDER'S SIGNATURE _____ DATE _____</p> <p>NAME ON CREDIT CARD (PLEASE PRINT) _____</p> <p>CREDIT CARD BILLING ADDRESS _____</p> <p>_____</p> <p>BANK NAME _____ BANK TELEPHONE _____</p>

SHIP TO ADDRESS <input type="checkbox"/> USE ABOVE ADDRESS <input type="checkbox"/> USE ALTERNATE ADDRESS BELOW
COMPANY NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

INSTRUCTIONS
COMPLETE ALL INFORMATION REQUESTED. FAX or EMAIL THIS FORM WITH CARDHOLDER SIGNATURE TO: POWER PRODUCTS, ATTENTION: HOLLY WETTINGFELD FAX NUMBER: 770-569-1844 . QUESTIONS? EMAIL or CALL: holly@powerproducts.com / 800-529-1618 x2055. THANK YOU.