PowerProducts™
A MISSION CRITICAL ELECTRONICS BRAND

CREDIT CARD AUTHORIZATION FORM

CONTACT INFORMATION	REP CODE:
COMPANY NAME:	TAX ID NUMBER:
EMAIL *Primary Contact*:	TELEPHONE *Primary:*
EMAIL *For Receiving Invoices*:	TELEPHONE *Accounting:*

CARDHOLDER AGREEMENT

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.

CHECK CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

SECURITY CODE ON CARD (3 OR 4 DIGITS) _____ EXPIRATION DATE _____

CARD NUMBER _____

☐ CHARGE UNTIL AUTHORIZATION CANCELLED ☐ CHARGE THIS PURCHASE ONLY ($_____)

CARDHOLDER'S SIGNATURE _____ DATE _____

NAME ON CREDIT CARD (PLEASE PRINT) _____

CREDIT CARD BILLING ADDRESS _____

_____

BANK NAME _____ BANK TELEPHONE _____

SHIP TO ADDRESS

☐ USE ABOVE ADDRESS ☐ 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 x130. THANK YOU.