



# GRANT

South Hackensack

Wholesale Distributor of Electrical & Plumbing Supplies

## CREDIT CARD USE AUTHORIZATION FORM

### IMPORTANT

***PLEASE PRINT - ALL INFORMATION MUST BE ENTERED CLEARLY AND LEGIBLY.***

***PLEASE ATTACH COPY OF FRONT & BACK OF CREDIT CARD & PICTURE ID.***

***CARD WILL NOT BE PROCESSED UNLESS ALL COPIES ARE RECEIVED.***

ONE TIME USE

PERMANENT USE

***Name of Salesman :*** \_\_\_\_\_

***Pick No. / Order No. :*** \_\_\_\_\_

***Company Name :*** \_\_\_\_\_

***Print Card Holder's Name :*** \_\_\_\_\_

***Contact No. :*** \_\_\_\_\_

### REQUIRED

**CREDIT CARD TYPE**

VISA

MASTERCARD

AMEX

#### ***CREDIT CARD'S BILLING ADDRESS***

Billing Address must match the address as it appears on your credit card statement.

If the code does not match transaction will be voided. No exceptions!

**STREET** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**PHONE NO. TO BILLING ADDRESS :** \_\_\_\_\_

**16 DIGIT CREDIT CARD NO. :** \_\_\_\_\_

**SECURITY CODE (CVV2) :** \_\_\_\_\_

**EXP. DATE :** \_\_\_\_\_

**TOTAL AUTHORIZED CHARGE AMOUNT : \$** \_\_\_\_\_

**SIGNATURE OF CARD HOLDER :** \_\_\_\_\_

**DATE :** \_\_\_\_\_

• I authorize Grant Supplies to charge my card for the amount noted above and agree to be responsible for payment of this charge.

### **PLEASE FAX TO**

Electrical & Lighting Sales : 201-994-0003

Plumbing Sales / Acct. Receivables : 201-994-0003

If you need assistance please contact our A/R Dept.

201-994-0001