



## CREDIT CARD AUTHORIZATION FORM

Company Name:	Customer Account No.
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<b>Card Type:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	<b>Card Number:</b> <b>Security Code:</b> <small>(last 3 digits in signature area on back of credit card)</small>	<b>Expiration Date:</b>
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Cardholder Name:
Authorized User Name(s):
Billing Statement Address:
City, State, Zip Code: _____, _____

I am an authorized user of the above referenced credit card. I agree that CDT Solutions, Inc. and subsidiaries may debit, upon oral or written request of Customer, this credit card account for all invoiced amounts payable by Customer in respect of merchandise or services purchased by Customer from CDT Solutions and subsidiaries as indicated above. I further agree that I am liable for payment of the invoiced amount(s) except to the extent that CDT Solutions, Inc. receives and retains payment from the cardholder. This authorization also applies to any other credit cards provided.

\_\_\_\_\_

Authorized User's Signature

\_\_\_\_\_

Date

**ATTENTION CUSTOMER:**

Please return the completed and signed form to your sales rep via e-mail or fax to 317-867-4920. This is a confidential and secure server.

This is a permanent authorization to be cancelled in writing by the authorized user only

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*Internal Use Only*

Customer Number: _____	Approved by: _____	Approved Date: _____
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