



# Credit Card Authorization Form

|                         |   |                       |                      |
|-------------------------|---|-----------------------|----------------------|
| <b>Sender Name</b>      |   | <b>Date</b>           |                      |
| <b>Company Name</b>     |   | <b>Fax #</b>          |                      |
| <b>E-Mail Address</b>   |   | <b>Tel #</b>          |                      |
| <b>Contact @ Source</b> |   |                       |                      |
| <b>Contact @ Source</b> | Customer Relations Department               | <b>E-Mail Address</b> | cr@sourceseating.com |
| <b>Our Address</b>      | 545 Hartford Turnpike, Shrewsbury, MA 01545 | <b>Fax #</b>          | 508.842.1838         |
|                         |   | <b>Tel #</b>          | 800.722.0474         |

| Purchase Order Details    |  |
|---------------------------|--|
| Your P.O. #               |  |
| Ship To City & State      |  |
| P.O Total \$ Value        |  |
| Your Customer # [see Ack] |  |
| Our Order # [see Ack/Inv] |  |
| Notes                     |  |

| Card & Payment Details  |   |
|---|---|
|   |   |
| \$ Amount To Be Charged   |   |
| Type  | <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard |
| Credit Card Number  |   |
| Expiration Date   |   |
| Visa/MC CSV Code -3 digits  |   |
| Amex Code – 4 digits  |   |
| Name on Card  |   |
| Billing Address   |   |
| Notes   |   |
| I authorize this card to be charged for the amount indicated above. |   |

**Card-Holder Approval**  
 First & Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Form Reviewed @ Source By**  
 Name: \_\_\_\_\_  
 Form Receipt Date: \_\_\_\_\_  
 Card Charged On: \_\_\_\_\_  
 Approval Code: \_\_\_\_\_