



# Credit Card Information & Authorization

Please complete and return this form via fax to **425-513-9338** or mail **ONLY. Do NOT send via email.**

1. If you wish to use a major credit card (listed below) as payment for purchases with GTS Distribution **AND**
2. **ONLY** if you wish to keep the credit card number in our files.

**\*\*Cardholder must be owner or authorized buyer of business listed on GTS Account Application\*\***

Visa       MasterCard       American Express       Discover

**Business Name** authorized to use listed credit card below as payment for purchases made with GTS Distribution:

(please list your business name above, exactly as it appears on your completed Account Application)

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Issuing Bank: \_\_\_\_\_

**Individual Name** exactly as appears on card: \_\_\_\_\_

**Business Name** exactly as appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

\*\*\* I hereby verify that the information provided herein is true and correct.

**BY SIGNING THIS SECTION, I irrevocably authorize GTS Distribution, to charge my credit card for any and all orders to the company and/or person(s) listed above.** Furthermore, I understand that I will need to contact GTS Distribution in writing if I would like my credit card to be deleted from the above company file.

Credit Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Business Title: \_\_\_\_\_

**All paperwork must be hand signed and dated.**

<b>*** For Internal Use Only***</b>			
Received on:	By:	Customer Account #:	