

CREDIT CARD AUTHORIZATION

I, the undersigned, authorize OneSource Distributors, the right to charge my credit card for the indicated invoices or amount.

Invoice #('s)		Amount of Charge	
Name/Company	v Name as it appears on th	ne credit card	
Billing address ((where credit card stateme	ents are sent. Must match ba	nk records)
Phone Number			
Credit Card Number		Expiration Date	Security Code
Credit Card Typ	e		
🗆 Visa	□ MasterCard	□ American Express	Discover
Printed Name			Signature

Authorization to ship purchase to an address other than the Billing Address:

I release OneSource Distributors from any liability regarding product shipped to the alternative address listed below. If a dispute arises surrounding delivery made to the alternative address, and a proof of delivery is provided by One Source Distributors, I agree not to charge back the credit card used for any amount. All disputes will be handled directly with OneSource Distributors and any credit due will be issued directly from OneSource Distributors.

Ship to Company Name/Contact Information				
Alternate Shipping Address				
Print Name	Signature	Date		

*Cardholder Driver's License copy must accompany this form