



To: \_\_\_\_\_  
 From: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Authorization for Davidson Sales Company to charge the credit card listed below**

Mastercard      OR      Visa

**Cardholder Name**

**Credit Card Statement Address**

(Address where you receive your credit card bill)

**3 Digits on back of card**

**Credit Card Number**

**Expiration Date**

**BEFORE SIGNING** please review that all information requested is accurate.  
 Providing incorrect credit card information will delay shipment of order.  
 Cut off time for processing orders is 4:00 p.m.

**Authorized Signature  
 Of Cardholder**

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DSC Internal office use only

Date : \_\_\_\_\_

Acct# \_\_\_\_\_

Taxable: [ ]Yes [ ]No

Terms: \_\_\_\_\_

Credit Line: \_\_\_\_\_

Approved By: \_\_\_\_\_