

Magnus Distribution

84 Mayfield Avenue

Edison, NJ 08837

732-339-3266 Phone

732-902-2636 Fax

CREDIT CARD AUTHORIZATION FORM

DATE: _____ **ATTENTION:** _____

I HEREBY AUTHORIZE MAGNUS DISTRIBUTION TO CHARGE MY CREDIT CARD FOR PAYMENT OF
GOODS/SERVICES RENDERED.

CREDIT CARD TYPE: { } MASTERCARD { } VISA

CARD HOLDER'S NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ **3 DIGIT SECURITY CODE** _____

COMPANY NAME: _____

CUSTOMER PO/INVOICE #: _____

TOTAL SALE AMOUNT: _____

**I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED ON THIS ACCOUNT.
PLEASE SIGN YOUR NAME AS IT APPEARS ON CREDIT CARD.**

CARDHOLDER'S SIGNATURE: _____

BILLING ADDRESS: _____

PHONE NUMBER: _____