



# CREDIT CARD BILLING AUTHORIZATION FORM

Company Name \_\_\_\_\_

CSI Account # \_\_\_\_\_ **No Personal Cards**

I authorize you to charge my orders directly to the credit card(s) listed below:

Primary Card Account

Secondary Card Account

\_\_\_\_\_  
Name on credit card (exactly as printed)

\_\_\_\_\_  
Name on credit card (exactly as printed)

\_\_\_\_\_  
Billing address for credit card (St, Apt #)

\_\_\_\_\_  
Billing address for credit card (St, Apt #)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Credit Card Number

EXP MONTH \_\_\_\_\_ EXP YEAR \_\_\_\_\_

EXP MONTH \_\_\_\_\_ EXP YEAR \_\_\_\_\_

\_\_\_\_\_  
Signature Today's Date

\_\_\_\_\_  
Signature Today's Date

- Bill all charges to the above credit card(s).
- This authorization is valid until I provide you with written cancellation.

**Please do not scan or email, fax only to 253-333-8900**