



Credit Card Authorization Form

Request to accept credit card payment through facsimile transmission or e-mail authorization

For your protection, your signature is required to authorize the following credit card transaction.
(One transaction per authorization form only)

My signature certifies that I am the cardholder on the following account. I request that Silver State Wire & Cable charge this card as indicated below.

Card Type: Visa MasterCard American Express

Account Number: _____ - _____ - _____ - _____

Expiration Date (As appears on card): Month _____ Year _____

Security Code: _____

Cardholder Name: _____
(As appears on card)

Authorized Signature (sign): _____

Today's Date: _____

Amount Authorized: US \$ _____

Customer Company Name: _____

Invoice/Sales Order No: _____

Purchase Order No: _____

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