



CREDIT CARD CHARGE AUTHORIZATION FORM

C&D VISIONARY Inc.

If you wish to charge some or all of your orders with us to your credit card, please complete the information required and return to us via mail or fax.

DATE: _____

Store Name _____

Owner _____

Address _____

Authorized Buyers _____

City _____

State, Zip _____

Payment Options MasterCard Visa

Phone _____

Fax _____

E-mail _____

CARD #1

ACCOUNT NUMBER: _____

SECURITY CODE: _____

EXP. DATE: _____

(last 3 digits on back of card)

CARD #2

ACCOUNT NUMBER: _____

SECURITY CODE: _____

EXP. DATE: _____

(last 3 digits on back of card)

CARD #3

ACCOUNT NUMBER: _____

SECURITY CODE: _____

EXP. DATE: _____

(last 3 digits on back of card)

I AUTHORIZE C&D VISIONARY INC. TO CHARGE MY CREDIT CARD FOR ORDERS PLACED BY THE ABOVE MENTIONED STORE.

CARD #1

CARD HOLDERS SIGNATURE _____

CARD #2

CARD HOLDERS SIGNATURE _____

CARD #3

CARD HOLDERS SIGNATURE _____

PLEASE PRINT CLEARLY

CARD #1

CARD HOLDERS NAME _____

CARD #2

CARD HOLDERS NAME _____

CARD #3

CARD HOLDERS NAME _____

BILLING Address _____

City _____

State, Zip _____

C&D Visionary Inc.
realizes that your credit card numbers
are to be kept confidential and are only to be used
for orders going to the store listed above.