



To: _____
From: _____
Fax: _____

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

Mastercard, Visa OR American Express

Company Name

Cardholder Name

Credit Card Statement Address
(Address where you receive your credit card bill)

3 or 4 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 _____