



Graham
DISTRIBUTORS LTD

BLANKET CREDIT CARD AUTHORIZATION FORM

Graham Distributors Ltd. will use any personal information provided below to process credit card transactions related to the purchase of goods. Any personal information which you provide will be retained for as long as necessary to reasonably administer the account or until the company ceases being a customer.

CUSTOMER #: _____

CUSTOMER (COMPANY) NAME: _____

CARD TYPE: **VISA** / **MC**

CREDIT CARD #: _____

EXPIRATION DATE (MM/YY): _____

CVV# (ON BACK OF CARD): _____

CARDHOLDER NAME: _____

RELATIONSHIP TO CUSTOMER: _____

BILLING ADDRESS FOR CARD
(POSTAL CODE REQUIRED): _____

I authorize Graham Distributors Ltd. to charge the credit card noted above upon shipment of goods.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____