



CREDIT CARD AUTHORIZATION FORM

I, _____ (Name on Credit Card) hereby authorize

Tech Source Distributors to charge my credit card for purchases made as described below.

Type of Credit Card: MasterCard _____ Visa _____ Discover _____

(SORRY, WE DO NOT ACCEPT AMERICAN EXPRESS AT THIS TIME)

Company Name: _____

Name of Card Holder: _____

Credit Card Number: _____

Expiration Date: _____ Three-Digit Security Code _____

Credit Card Mailing Address: _____

****Attached is a copy of my credit card, front and back.**

Authorized Signature Date

****Tech Source Distributors reserves the right to charge this credit card for past due balances over 30 days or any payments for returned checks.**

Tech Source Distributors
120A Keystone Drive
Montgomeryville, PA. 18936
Phone: 215-654-1552 Fax: 215-654-1559
www.techsourcedist.com