Dealer Application

Credit Card Authorization

Company Name: _____

CREDIT CARD INFORMATION: *Please complete for new accounts or to update a prior or expired card.*

PLEASE CHECK ONE: £ **OPENING ORDER ONLY** £ **ALL ORDERS**

I hereby authorize Tech Source Distributors to process my credit card for payment of products that my authorized representative or I may order from Tech Source Distributors, or for payment of any past due amount owed.

PLEASE CHECK TYPE OF CREDIT CARD: ☐ **Discover** ☐ **MasterCard** ☐ **Visa** ☐ **American Express**

CARD NUMBER: _____ **CARD EXPIRATION DATE:** _____

CVV2 CODE: _____ **(This is the 3 digit code located on the signature strip on the back of your MasterCard, Visa, or Discover card.)**

NAME AS IT APPEARS ON THE CREDIT CARD: _____

I AM AN AUTHORIZED SIGNER ON THE ABOVE CREDIT CARD AND HEREBY GIVE PERMISSION TO BILL MY CREDIT CARD WHEN REQUESTED. ***Authorized signer's name must be included (above) as an AUTHORIZED BUYER.***

PRINT NAME: _____

CREDIT CARD BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

AUTHORIZED SIGNATURE: _____ **Date:** _____

ALL SALES ARE SUBJECT TO CURRENT TECH SOURCE DISTRIBUTORS TERMS AND CONDITIONS AND ARE SUBJECT TO PRIOR APPROVAL. ALL SALES ARE FINAL. ALL CREDIT CARD SHIPMENTS MUST BE SHIPPED TO THE CREDIT CARD BILLING ADDRESS. IF AN ALTERNATE SHIPPING ADDRESS IS DESIRED, TECH SOURCE MANAGEMENT MUST MAKE APPROVAL PRIOR TO SHIPPING. NO EXCEPTIONS! ALL WARRANTIES WHETHER EXPRESSED OR IMPLIED ARE BETWEEN THE PURCHASER (CARDHOLDER) AND THE MANUFACTURER. ALL FREIGHT CLAIMS FOR DAMAGE OR MISSING MERCHADISE ARE BETWEEN THE PURCHASER (CARDHOLDER) AND THE FREIGHT CARRIER. TERMS AND CONDITIONS ARE SUBJECT TO CHANGE AT ANY TIME.

FAX COMPLETED FORM TO:

215-654-1559