



"The Dealer Friendly Distributor"
(800) 546-VSSI
(8774)

CREDIT CARD AUTHORIZATION

Dear Valued Customer,

In order to process your order, we must have all credit card holders sign and complete the information below. We also need a photocopy of your credit card and Drivers License. We accept Visa, Mastercard, and American Express.

If you have any questions, please contact our Accounts Receivable Department at (818) 848-7305.

Thank you,
Accounting Department

BUSINESS INFORMATION

COMPANY NAME: _____ CONTACT PERSON: _____
COMPANY PHONE: _____ COMPANY FAX: _____

CARD / CARDHOLDER INFORMATION

CARDHOLDER NAME (as it appears on card): _____
BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
CARD TYPE: Visa Mastercard American Express
CARD NUMBER: _____ SECURITY CODE (3 or 4 digits on back): _____ EXP. DATE: _____

CHARGE AUTHORIZATION

Check the appropriate box, then sign and date.

- AUTHORIZATION FOR CURRENT ORDER(S) ONLY - ONETIME USE AUTHORIZATION.**
I (we) Consent that VSS, Inc. may charge the afore mentioned credit card for any current orders for an amount not to exceed: \$ _____
- AUTHORIZATION FOR BOTH CURRENT AND FUTURE ORDERS - KEEP CARD ON FILE.**
I (we) Consent that VSS, Inc. may charge the afore mentioned credit card for any current orders and would also like this credit card kept on file for future orders.

CARDHOLDERS SIGNATURE: _____ DATE: _____

ALTERNATE SHIP TO ADDRESS AUTHORIZATION

For your Protection:
If a cardholder's credit card billing address is not the same as the shipping address, the cardholder will need to list the shipping address as an alternate "ship to" address with the credit card company. To list an alternate address, simply call the toll free number on the back of your card and tell them you would like to add an alternate shipping address to your account. This ensures that the cardholder has authorized the purchase. Listing an alternate address with your credit card company will not affect your billing address. If alternate shipping address is not verifiable with the card issuer, orders will only be shipped to the billing address.

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
CARDHOLDER INITIALS: _____

Please Fax Completed Authorization to (818) 848-7374