

# Credit Card Authorization



www.desconinc.com  
phone: (317) 852-6300  
fax: (317) 852-6400  
email: sales@desconinc.com

**PLEASE FILL OUT AND RETURN BY FAX OR MAIL TO DESCON, INC.**

## Credit Card Information

CARD TYPE: (circle one)



Amount Authorized: \$ \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV OR SECURITY CODE: \_\_\_\_\_ COMMERCIAL CODE NUMBER: \_\_\_\_\_

(The CVV or Security Code is the last set of numbers on the back of your credit card, above the signature box.)

## Billing Address of Credit Card Holder

Card Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please note it is important that this address is correct. We use address verification when we charge your card and the address must match.

## Authorizing Signature and Contact Information

Your Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Tax Exempt Number: \_\_\_\_\_

(Please attach a copy of tax exempt certificate.)

Upon submittal of this signed Credit Card Agreement & Authorization, the applicant:

- agrees that the card listed above may be used to pay for goods and services purchased, from Descon, Inc.;
- agrees to pay all amounts due according to card issuer agreement and that the signature on this Agreement will serve as my authorized signature on the credit card slip;
- agrees that if Descon, Inc. has processed an order under this agreement, that the order cannot be cancelled;
- agrees to pay \$15.00 re authorization fee if information on this form is incorrect, and is refused by merchant bank.

The charge on your credit card statement will show as Descon, Inc.

PLEASE FAX OR MAIL TO:

fax: (317) 852-6400

Descon, Inc.  
108 E. College Ave.  
Brownsburg, IN 46112



OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

DDB Update / Employee Initials: \_\_\_\_\_