



CREDIT/DEBIT CARD AUTHORIZATION FORM
Credit Card **MUST** be a company credit card or the personal card of an owner, principal, or officer of the company.

Customer Information:

- Company name: _____
- Select Option: Blanket Approval / Sales Order No.: _____
- I hereby authorize Chestnut Micro, LLC to keep my signature on file for future order

Credit Card Information:

- Issued by: American Express Visa MasterCard Discover
- Card type: Company / Corporate Personal
- Card No: _____ - _____ - _____ - _____ Exp. ____ | ____ Card ID# _____
(On back of CC)
- Cardholder's Name: _____ (As it appears on card)
- Credit Card **Billing** Address: _____ (Street)
_____ (City) _____ (State), _____ (Zip Code)
- Phone No _____ - _____ - _____ Ext. _____ Bank No: _____ - _____

I authorize CHESTNUTMICRO, LLC to charge purchases of product to the above credit card in the amount of \$ _____ for the named account listed above. This authorization will remain in effect until CHESTNUTMICRO, LLC receives written notice of cancellation, or at the discretion of CHESTNUTMICRO to request an update. I acknowledge all information contained herein is accurate.

Cardholder's Printed Name

Cardholder's Title

Cardholder's Signature

Date

Fax completed form to 972-417-1701

