



Dear Valued Customer,

Please confirm that the following information is accurate and you are a willing participant in SRS Distribution Inc. and affiliated companies charging the following credit card. In addition, you acknowledge that no discount will be offered when paying via credit card.

Date: _____

Customer Name: _____

Customer Account Number OR Invoice Number: _____

Tax Exempt: YES or NO Tax Amount: _____ Total Amount: _____

Type of Credit Card: **MASTERCARD** **VISA** **DISCOVER** **AMEX**

Credit Card Number: _____

Expiration Date: _____/_____/_____ Security Code (on back of card): _____

Name on Credit Card: _____

Billing Address of Credit Card Statement: _____

I.D. Verification / Driver License #: _____

If you agree with the above information, please sign below and fax back to _____

We ask that a copy of your driver's license and the front and back of the credit card be included with the authorization form. Please be assured that this information will be kept in a secure file to ensure this information is kept confidential.

Signature of Card Holder: _____

CREDIT CARD FORM REQUIRED FOR EACH TRANSACTION