



**CREDIT CARD AUTHORIZATION FORM.**

**PLEASE COMPLETE THIS FORM AND FAX IT BACK TO (631) 348-9333**

COMPANY NAME: \_\_\_\_\_

SALES REPRESENTATIVE: \_\_\_\_\_

I AUTHORIZE ZAHK SALES, INC. TO CHARGE THE FOLLOWING DESCRIBED CREDIT CARD FOR GOODS AND SERVICES PROVIDED:

DEPOSIT: \$ \_\_\_\_\_       BALANCE: \$ \_\_\_\_\_       FULL AMOUNT: \$ \_\_\_\_\_

CARD HOLDERS NAME ON CARD: \_\_\_\_\_

CREDIT CARD TYPE: AMEX      MASTERCARD      VISA      OTHER: \_\_\_\_\_

CREDIT CARD NUMER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CARD HOLDERS CONTACT INFORMATION, INCLUDING BILLING ADDRESS:

STREET ADDRESS: \_\_\_\_\_

SUITE / APT. NO. \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE/DISTRICT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

**BEING THE CARDHOLDER OR HIS/HER REPRESENTATIVE, BY SIGNING BELOW I UNDERSTAND AND AGREE TO THE TERMS SET FORTH IN THE AGREEMENT, AGREE TO PAY, AND SPECIFICALLY AUTHORIZE ZAHK SALES, INC. TO CHARGE THE CREDIT CARD AFOREMENTIONED, FOR THE GOODS AND SERVICES PROVIDED.**

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I AUTHORIZED ZAHK SALES, INC. TO KEEP MY CREDIT CARD DETAILS ON FILE AND CHARGE FUTURE PURCHASES VERBALLY APPROVED BY ME AND OR MY REPRESENTATIVE(S).