



CREDIT CARD AUTHORIZATION

Fax form **AND** a copy of the front and back of the referenced credit card to: **310.225.3313**

Dear Sirs or Madam:

Please fill out the following credit card authorization form completely and fax the form to
310-225-3313

We must have a credit card authorization form **and** a copy of both the front and the back of the referenced credit card to process and release your order. Orders will not be processed without both the completed form **and** the copy of the credit card.

We appreciate your cooperation.

Very truly yours,

Brenda J. Ray

Brenda J. Ray
Credit Manager

EXAMPLE :





CREDIT CARD AUTHORIZATION

fax this form to: 310.225.3313

PLEASE COMPLETE IN FULL — INCOMPLETE APPLICATION MAY DELAY PROCESSING
INCLUDE A PHOTOCOPY OF THE FRONT AND BACK OF THE REFERENCED CREDIT CARD

NEW UPDATE

CUSTOMER # _____

Company Name: _____ DBA: _____

PRIMARY ADDRESS

Street Address: _____ Business Phone: _____

City, State, Zip: _____ Fax Number: _____

Contact Name: _____

BILLING ADDRESS *(address where credit card bill is mailed to; if different than address above)*

Street Address: _____ City, State, Zip: _____

CREDIT CARD AUTHORIZATION

I hereby authorize The Americana Company to use my credit card for purchases made from The Americana Company. I understand that my credit card will be charged before goods will be released. This agreement will be in effect unless and until revoked by signer on credit card account. **Please note that credit card sales do not qualify for a cash discount.**

Credit Card # _____ Visa Mastercard American Express *(Check one)*

Issuing Bank: _____ Expiration Date: _____ / _____ / _____

Card Holder Signature

NAME AS IT APPEARS ON CARD

SIGNATURE

Title: _____ Date: _____

Check here if you would like to use this Credit Card for payment on **every** order you place with The Americana Company.

Authorized Users

The following persons, if any, are authorized to use this credit card account on my behalf:

I understand that I am obligated to notify The Americana Company if there are **any** changes in authorized users. I further understand and agree that my credit card account will be charged in the event former authorized users use the card, unless I notify The Americana Company, in writing, of changes in authorized users.

SHIPPING AUTHORIZATION

Shipments will be made to the Primary Address shown above **only**. Additional drop ship addresses for this account must be listed on a separate credit card authorization form, signed by the authorized primary card holder shown above, dated and submitted with this application, or separately.

Note: *This application will be valid only during the valid date of credit card and must be renewed upon expiration date.*

FOR OFFICE USE ONLY:

CREDIT CARD VERIFIED BY

DATE