



### Credit Card Authorization Form

Before your order is processed, please complete this form and either fax it to: **810-635-8862**  
or email to **onesourcemichigan@yahoo.com**

CARD TYPE: \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ MASTER CARD \_\_\_\_\_ VISA \_\_\_\_\_ DISCOVER

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

SECURITY CODE 

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VISA/MC/DISCOVER (found on signature strip)

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AMEX (found on front of card)

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*please print*

Full Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

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

Company Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_ Invoice/Quotation Number \_\_\_\_\_

Please keep my card number on file \_\_\_\_\_ Please only use for this purchase only \_\_\_\_\_

***I hereby authorize One Source to charge my credit card as indicated above.***

Card Holder: \_\_\_\_\_ Title: \_\_\_\_\_  
*signature*