CREDIT CARD PAYMENT AUTHORIZATION

A Sonepar Company

1661 West 3rd Avenue
Denver, CO 80223

Today's Date: _____ Account #: _____

Customer Name: _____

Card Information:

Visa ☐ Mastercard ☐ AMEX ☐ Discover ☐

Card Holder Name: _____
(Exactly as it appears on the card)

Phone Number: _____
(For Rep to call for full information)

Last 4 Digits of Card: _____ ☐ Save Card to Account?

☐ One Time Payment

One-Time Process Date: _____ Amount:_____ OR ☐ Total Balance

☐ Weekly ☐ Monthly ☐ Other:_____

To Be Processed On: _____

Billing Address:

Street Address or P.O. Box: _____

City, State, Zip: _____

Issuing Bank: _____

I herby authorize QED to charge my credit card for the above referenced amount and acknowledge receipt of goods and/or services in the amount shown above.

I release QED from any liability regarding product shipped to the alternative address listed below. If a dispute arises surrounding delivery made to the alternative address, and a proof of delivery is provided by QED, I agree not to charge back the credit card used for any amount. All disputes will be handled directly with QED and any credit due will be issued directly from QED.

Printed Name: _____

Signature: _____ Date: _____