



Customer Account Setup - Credit Card Authorization Form

After completing this authorization form, please fax to 800-554-7295 or mail to address below.

COMPANY NAME: _____	TELEPHONE: _____
ADDRESS: _____	FAX: _____
CITY: _____	STATE: _____ ZIP: _____
TYPE OF BUSINESS: _____	DATE ESTABLISHED: _____
FEDERAL TAX ID NUMBER: _____	SALES TAX NUMBER / STATE: _____
[] CORPORATION [] PARTNERSHIP [] PROPRIETORSHIP [] OTHER _____	
PRIMARY CONTACT: _____	AUTHORIZED BUYERS: _____
FROM TIME TO TIME, WE OFFER EXCLUSIVE EMAIL SPECIALS. DO YOU WANT US TO NOTIFY YOU ABOUT THESE SPECIALS? Y N	
EMAIL ADDRESS: _____	WEBSITE ADDRESS: _____
Please fax or mail us a copy of your state resale certificate so that we may set up your account as tax exempt.	
<input type="checkbox"/>	Check here if you prefer to have your order shipped C.O.D. (For C.O.D. complete this section only.)

CREDIT CARD AUTHORIZATION TYPE (please check one):	
<input type="checkbox"/> For all pending and future orders.	<input type="checkbox"/> One Time Use – Amount authorized \$ _____

TYPE OF CARD (PLEASE CIRCLE ONE):	VISA	MASTERCARD	AMERICAN EXPRESS
CARD NUMBER: _____	CVV# _____	EXPIRY DATE: _____	
	(3 or 4 digit security #)	(month/year)	
CARDHOLDER'S NAME (as it appears on card): _____			
CREDIT CARD STATEMENT MAILING ADDRESS: _____			

I hereby knowingly and irrevocably authorize CCI Brands to charge purchases made from CCI Brands to the above credit card. The credit card account information provided herein shall be used only for the intended purpose as authorized. Cardholder shall indemnify and hold CCI Brands harmless from all loss, damages, expense or liability in connection with such authorized use of the above said credit card.

Signature: _____ (title)

Name: _____ (please print) Date: _____

CCI Brands
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