



2350 W. Union Hills Dr., Suite 140
Phoenix, AZ 85027
(602) 753-5410

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Delta Swiss Technologies** to debit to your credit card listed below.

By signing this form, you give us permission to keep your credit card information on file for all future purchases as initiated by you, the Company.

Please complete the information below:

I _____ authorize **Delta Swiss Technologies** to charge my credit card
(full name)
account indicated below. This payment is for **Low-Voltage & Electrical Supplies.**

Company Name _____

Billing Address _____ Phone# _____

City, State, Zip _____

Email _____

| | | | |
|---|-------------------------------------|-------------------------------|-----------------------------------|
| Account Type: <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover |
| Cardholder Name _____ | | | |
| Account Number _____ | | | |
| Expiration Date _____ CVV _____ | | | |

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

I AM AN AUTHORIZED SIGNOR ON THIS ACCOUNT ___ YES ___ NO

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.