

CREDIT CARD AUTHORIZATION FORM

PCCABLES.COM INC

PO BOX 50625
Lighthouse Point, FL 33064
Phone (954)418-0817
Fax (954)418-0835

Contact Name _____
Customer # _____

Cardholder(s) authorize PCCABLES.COM INC.
to bill my/our:



Card Number:

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_|

Expiration Date: ____/____ **Issuing Bank:** _____

Customer Service Phone (See Back of Card): (____) _____

STATEMENT OF AUTHORIZATION AND GUARANTY OF PAYMENT

The purpose of this statement is to authorize PCCABLES.COM INC and its successors and assigns, hereinafter referred to as "Merchant", to process credit card transactions from the information stated hereon. These transactions will be processed via phone orders or in person at any of Merchant's various locations of business.

I/we are the individual(s) to whom the card has been issued. I/We will update Merchant upon the expiration date and/or other necessary information as the credit card is renewed and/or changed. I/We acknowledge that I/we are solely responsible to know whether a credit card purchase will be declined by the issuing bank. I/We understand that any purchases declined by the issuing bank will not be shipped and may be subject to a 15% restocking fee which will be my/our sole responsibility.

I/We have read and agree to be bound by the Terms, Conditions, and Return Procedures as outlined in Merchant's price lists. I/We will not request a charge back through my/our issuing bank without first obtaining authorization from Merchant. In addition, by completing and signing this document below I/we am/are accepting full responsibility for these transactions to ensure full and proper payment to the Merchant.

CARDHOLDER'S EXACT NAME AND BILLING ADDRESS AS IT APPEARS ON BILLING STATEMENTS

PLEASE PRINT

Cardholder Name(s): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (____) _____

AUTHORIZED SIGNATURE: _____ Date: _____

AUTHORIZED SIGNATURE: _____ Date: _____

BUSINESS NAME AND ADDRESS:

Company Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (____) _____ Fax: (____) _____