

Security • Fire • CCTV • Access Control • Intercom-Nurse Call • Wire & Cable • Hardware & Accessories

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CREDIT CARD AUTHORIZATION Form

Adobe E-Z Fill Form: Please TYPE online, tab through as you go, PRINT, SIGN, and FAX - # above. OPTION: Print out, fill out, sign, mail, fax, or email. NOTE: **ALL APPLICABLE FIELDS REQUIRED - FILL OUT COMPLETELY FOR ACCEPTANCE.**

Permission: I hereby give permission to The Security Source, Inc., to charge my credit card(s) listed below for merchandise or services offered by The Security Source, Inc.

Co./Org Name: AC/Tel:
Name on CARD: County:

CREDIT CARD BILLING ADDRESS - Street:
City: State: Zip Code:

CARD #1: X - Card Type: MasterCard VISA American Express Discover

Card No.: Expires MO/Year: 3/4 digit Sec. Code on back:

CARD #2: X - Card Type: MasterCard VISA American Express Discover

Card No.: Expires MO/Year: 3/4 digit Sec. Code on back:

< Check Box if authorization applies, **THIS ORDER ONLY** < Check - allows authorization & **FUTURE PURCHASES**

Other notes:

Employee Authorization Option (if applicable): I authorize my employees, below, to sign for, pick up, place orders by telephone, and apply said merchandise to the credit cards listed. ANY change to this authorization form will be given in writing prior to placing an order:

Employees, Names/Titles:

Print Your Name: Fax No.

Your EMAIL: Website:

Date:

X _____
Owner/Officer/Authorized Signatory, Actual Signature
Print out, sign, and Fax, Mail, or Email.