

Kessler Technologies Credit Card Consent Form

CREDIT CARD AUTHORIZATION FORM

Customer Acct #: _____ (if known)

Credit Card Type: (Check One) VISA _____ MASTERCARD _____ AMEX _____

Credit Card #: _____ # Back of card: _____

Expiration Date: _____ Telephone # on back of card: _____

Company Name: _____

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Telephone #: _____ Email Address: _____

Charge Amount: _____ (if known)

Shipping Address same as Billing Address? (Yes ___ No ___) If NO, List address below:

Authorization Required if shipping to an Alternate Shipping Address

___ As the credit card holder, I authorize Kessler Technologies to use the credit card for purchases shipped to an address other than above.

One Time Use Only

___ As the credit card holder, I authorize Kessler Technologies to use the credit card for payment of this purchase only.

Permanent Credit Card Use

___ (Optional) As the credit card holder, I authorize Kessler Technologies to use the credit card for future purchases, when verbally approved by me.

I have read and agree to the above conditions and have been informed that this credit card information and signature is to be held with Kessler Technologies and all information on this form will be kept strictly confidential by Kessler Technologies.

Signature: _____ Date: _____

Submitting This Form

Fax this completed form to:
(866) 591-4593

Mail this completed form to:
Kessler Technologies
Attn: Accounting
344 Wagaraw Road
Hawthorne, NJ 07506
Main Number: (973) 810-5646

Email this completed form to:
sales@kesstek.com