



20628 Corsair Blvd. Hayward, CA 94545  
Telephone (510) 887-8887 Facsimile (510) 887-7177

**CREDIT CARD AUTHORIZATION FORM**

Thank you for your interest in Global Supply Company. Please complete this application, *sign* where indicated, and provide *ALL* information.

Please note this is **NOT** credit application to set up account on payment term. If you wish to be set up in term, please contact accounting department for detail information.

Legal Business Name: _____	Sales Rep.: _____
Bill to Address: _____	Ship to Address: _____
City, State & Zip: _____	City, State & Zip: _____
Telephone: _____	A/P Contact: _____
Facsimile: _____	Email Address: _____

Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Limited Liability <input type="checkbox"/>	State of Inc. _____
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Date Business Started: \_\_\_\_\_ Resaler Certificate#: \_\_\_\_\_  
Federal Tax ID#: \_\_\_\_\_

**If exempt from sales tax? (Complete attached exemption certificate if your answer is yes)** Yes \_\_\_\_\_ No \_\_\_\_\_  
If we don't receive completed exemption certificate form, sales tax will enforce.

**Credit Card Information:**

Type of Card: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Credit Card Holder Name: \_\_\_\_\_  
Credit Card Holder Phone#: \_\_\_\_\_  
Authorized Person Signature: \_\_\_\_\_

\*\*\*\*\*Please note there will be a 3% credit card processing fee added to the invoice total.\*\*\*\*\*