

SEATTLE ELECTRONICS

A DIVISION OF AUTO PRODUCTS CORPORATION

MASTER CARD – VISA TELEPHONE/FAX-ORDER PRE-AUTHORIZATION FORM

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
CITY/STATE/ZIP: _____

NAME UNDER WHICH CARD ISSUED: _____
BILLING ADDRESS: _____
BILLING CITY/STATE/ZIP: _____

METHOD OF PAYMENT MASTERCARD () VISA ()
ACCOUNT NUMBER: _____
CARD EXPIRATION DATE: _____ / _____

I authorize Seattle Electronics to use the above described charge/credit card as my chosen method of payment toward wholesale inventory purchases made by me, or my authorized agents, for the above described business. I further authorize the following individuals to use this card account for wholesale inventory purchases of the same purpose. I agree to abide by the rules and regulations as described by the credit card provider, and guarantee payment be made by the provider to Seattle Electronics without question. The term of this authorization shall be continuous, unless as restricted or withdrawn by 30 day advance written notice to Seattle Electronics by me as the cardholder.

Other authorized card users: _____

Signature of Cardholder

Print Name

Date Signed