

Credit Card Authorization

Optical Distributors, Inc.
www.opticaldistributors.com

761 Harris Street Jackson, MS 39202
Phone: (601) 353-1505 Email: orders@opticaldistributors.com
Fax: (601) 353-1505 or 1-866-353-1505

Account Information	
Account Name	Account #
Address	
Business Phone	Business Fax
Email Address	

Credit Card Information	
VISA <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/>	
Cardholder Name	
Billing Address of statement	
Card Number	
Expiration Date	Validation Code

Payment Options - please select and initial an option below		
Payment Type	Initial	Description
Auto Deduction <input type="radio"/>		Monthly statement balance will automatically be charged to credit card provided on the 10th of the following month.
Single Payment <input type="radio"/>		A single payment of (enter amount USD) \$_____ will be charged to credit card provided.
Pre Pay Invoices <input type="radio"/>		Pre Paid invoiced orders will automatically be charged to credit card provided.

Required Signature	
I authorize Optical Distributors, Inc. to keep my signature on file and to charge my Visa, MasterCard, American Express, or Discover Card as indicated. I agree to pay for purchases in accordance with the issuing bank cardholder agreement.	
I understand that this form is valid for each month for the life of the account unless I cancel authorization through written notice.	
Cardholder Signature	Date