
Credit Card Authorization Form

I, _____, hereby give my authorization to charge my credit card in the amount not to exceed: \$_____ and fully understand and agree to the terms as stated.

() Visa () MasterCard

Credit Card Number: _____

Expiration Date: _____ / _____ CVV Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods and or services at the above shipping address.

In using my Credit/Debit Card, I am agreeing to the following terms and conditions:

- 1) I understand that "**All sales are final**" and that the merchandise I have purchased is **sold "AS IS."** I have read and agree to all the terms as stated. There are no warranties expressed or implied. Acceptance of merchandise or payment for such shall be deemed acceptance of these terms and conditions.
- 2) I agree to use this Credit/Debit Card with the same caution as with CASH. I agree to resolve any and all disputes directly with no guarantees of mutual resolutions.

All Cancelled and or Returned Orders are Subject to a 25% (amount of invoice) Cancellation Fee

I have read and agree to the terms as stated on cmdwholesale.com

X _____
CARD HOLDER SIGNATURE

_____/_____/_____
DATE

As the credit card holder, I my authorization to charge my credit card for future purchases verbally approved by me.

Please fax back completed form to **(866) 442-6710** along with copies of driver's license or picture ID.