Credit Card Information & Authorization

Please complete & return this form via fax or mail ***ONLY:***
1. If you wish to use a major credit card (listed below) as payment for purchases with GTS Distribution ***AND***
2. ***ONLY*** if you wish to keep the credit card number in our files.

Name of Company authorized to use listed credit card below as payment for purchases made with GTS Distribution: _____

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card#: _____ Expiration Date: ____/____
Issuing Bank: _____

Name on Card (exactly as it appears on card): _____
Company Name on Card: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Billing Phone: _____ Country: _____

*** I hereby verify that the information provided herein is true and correct.

By signing this section, I irrevocably authorize GTS Distribution, to charge my credit card for any and all orders to the company and/or person(s) listed above. Furthermore, I understand that I will need to contact GTS Distribution in writing if I would like my credit card to be deleted from the above company file.

_____
Print Name | Credit Card Holder's Title (as it pertains to the store)

_____
Credit Card Holder Signature | Date

For GTS Distribution Use ONLY	*ACCOUNT NUMBER:*	