**Credit Card Guarantee of Payment**

**Blanket Authorization Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Customer Name: | | | | |  | | | | | | | | | | | | |
| Facility or Location: | | | | |  | | | | | | | | | | | | |
| *Shipping Address if different from billing address below\** | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | State: | |  | | | | | Zip: |  |
| *\* For multiple shipping addresses with the same credit card please complete a form for each shipping address.* | | | | | | | | | | | | | | | | | |
| Credit Card Information | | | | | | | | | | | | | | | | | |
| Card Type: | | | □ Visa | | | | | □ MasterCard | |  | | | | |  | | |
| Cardholder(s) Name: | | | | | | |  | | | | | | | | | | |
|  | | | | | | | *As it appears on your card* | | | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | |
|  | | | | | | | *As it appears on the Credit Card Account* | | | | | | | | | | |
| City: |  | | | | | | | | State: | |  | | | | | Zip: |  |
| Credit Card Number: | | | | | |  | | | | | | Cid # | |  | | | |
|  | | | | | | | | | | | | *Last 3 digits on the back of your card* | | | | | |
| Expiration Date: | | | |  | | | | | | |  | |  | | | |  |

I hereby authorize delivery of product to the shipping address above which may not be the credit card billing address. I agree that I will pay for this purchase and indemnify and hold COMPANY NAME harmless, against any liability pursuant to this authorization. I understand that my signature on this form along with a copy of my credit card and a picture I.D. will serve as my authorized signature on credit card charge slips. I understand and agree to the terms and conditions as outlined on the invoice. I also authorize product to be left at my credit card billing address and/or other shipping address without obtaining a signature on a credit card charge slip. I agree that COMPANY NAME is not responsible for purchases that are late, lost or stolen if I, or my designated recipient, do(es) not sign for a purchase for any reason. I hereby authorize COMPANY NAMEto charge the credit card noted for payments of fees, costs, and expenses that are incurred by me or any member or employee of my professional organization stated above. I certify that I am authorized to sign this form on behalf of this organization. I understand that charges will be made to this credit card account and if the credit card is declined for any reason I will be responsible for payment of any outstanding charges and fees resulting from the declination.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |