

Credit Card Payment Authorization

US Drives, Inc.

Tel: (716) 731-1606

Email: Sharon@usdrivesinc.com

Please complete *Sections 1, 2 and 3* and return to Email listed above. This form *must* be signed. If you have any questions, please contact us for assistance. All areas in *blue* below must be provided with your credit card number.

SECTION 1 - CREDIT CARD INFORMATION

<i>NAME SHOWN ON CARD:</i>	<i>EXPIRATION DATE: (MM/YY)</i> □□/□□	<i>CSC NUMBER (FROM BACK OF CARD)</i> □□□□
VISA #	□□□□ - □□□□ - □□□□ - □□□□	
MASTERCARD #	□□□□ - □□□□ - □□□□ - □□□□	
AMERICANEXPRESS #	□□□□ - □□□□ - □□□□ - □□□□	
DISCOVER #	□□□□ - □□□□ - □□□□ - □□□□	
<i>CUSTOMER PURCHASE ORDER NUMBER:</i>	<i>CUSTOMER SIGNATURE (FORM MUST BE SIGNED):</i>	

SECTION 2 - CARD HOLDER BILLING ADDRESS

<i>STREET:</i>	<i>CITY:</i>	<i>STATE:</i>	<i>ZIP:</i>
<i>CONTACT:</i>	<i>PHONE:</i> ()	<i>EMAIL:</i>	

SECTION 3 - SHIP TO INFORMATION

<i>SHIP TO: (COMPANY NAME)</i>			
<i>STREET:</i>	<i>CITY:</i>	<i>STATE:</i>	<i>ZIP:</i>
<i>CONTACT / REFERENCE:</i>	<i>PHONE:</i> ()	<i>EMAIL:</i>	