



GRANT

South Hackensack

Wholesale Distributor of Electrical & Plumbing Supplies

CREDIT CARD USE AUTHORIZATION FORM

IMPORTANT

PLEASE PRINT - ALL INFORMATION MUST BE ENTERED CLEARLY AND LEGIBLY.

***PLEASE ATTACH COPY OF FRONT & BACK OF CREDIT CARD & PICTURE ID.
CARD WILL NOT BE PROCESSED UNLESS ALL COPIES ARE RECEIVED.***

ONE TIME USE

PERMANENT USE

Name of Salesman : _____

Pick No. / Order No. : _____

Company Name : _____

Print Card Holder's Name : _____

Contact No. : _____

REQUIRED

CREDIT CARD TYPE

VISA

MASTERCARD

AMEX

CREDIT CARD'S BILLING ADDRESS

Billing Address must match the address as it appears on your credit card statement.
If the code does not match transaction will be voided. No exceptions!

STREET _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NO. TO BILLING ADDRESS : _____

16 DIGIT CREDIT CARD NO. : _____

SECURITY CODE (CVV2) : _____ **EXP. DATE :** _____

TOTAL AUTHORIZED CHARGE AMOUNT : \$ _____

SIGNATURE OF CARD HOLDER : _____ **DATE :** _____

• I authorize Grant Supplies to charge my card for the amount noted above and agree to be responsible for payment of this charge.

PLEASE FAX TO

Electrical & Lighting Sales : 201-994-0003

Plumbing Sales / Acct. Receivables : 201-994-0003

If you need assistance please contact our A/R Dept.
201-994-0001