



# CREDIT CARD AUTHORIZATION FORM

(Please email completed forms to sales@sdtwdirectwholesale.com)

## Dealer Information (Required):

Dealer Name: _____	
DBA (if different): _____	
Contact Name: _____	
Contact Phone #: _____	Contact Email: _____

## Credit Card Information (Required):

Card Holder Name: _____		
Billing Address: _____		
City: _____	State: _____	Zip Code: _____
Card #: _____		
Exp. Date: _____	Security Code: _____	
Card Type:    ___ Visa    ___ Mastercard    ___ American Express    ___ Discover		

I hereby authorize SDTW Direct LLC, to charge this card as shown above. I understand my purchase may be subject to a service surcharge fee. In case the charge cannot be made on product purchases, I declare myself personally and jointly bound with the company, which I represent, towards the credit card company for the payment of the debt and all costs in such collection.

I certify that I am expressly empowered and authorized, on behalf of the company, to represent and bind it, purchases, and incur debt.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

I authorize SDTW Direct LLC, to charge my credit card for purchases.  
(Please note charges on all major credit cards may be subject to a service fee)