



9650 De Soto , Chatsworth, CA 91311  
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### CREDIT CARD AUTHORIZATION FORM

CARDHOLDERS NAME: \_\_\_\_\_  
(Names that appears on the credit card)

COMPANY NAME: \_\_\_\_\_

SALES REP: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CSV NUMBER: \_\_\_\_\_ (LAST 3 DIGITS OF THE BACK OF THE CREDIT CARD)

EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_

CARD TYPE:    MASTER             VISA             DISCOVER             AMEX

(DISCOVER AND AMEX need add 5% for processing Fee)

Cardholder or company billing address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Terms and conditions:**

All charges are base upon the sales order or invoice amount due with or without the shipping charges. Any errors for charges made must be disputed from the date of the charges and may not exceed 14 days of the date of invoice or the date of charge. Any dispute about the charges must be made with Case District in writing. Case District will use the best effort to correct any errors that was made or may have made. Cardholder authorized Case District to charge any sales order or invoice due as payments of the goods ordered or received. Any non payment, charge backs and or disputes occurred the products and or goods are the property of Case District until the payments are paid in full. The cardholder understands that any disputes or charge backs must be made with Case District. Case District reserves all rights to collect any unpaid, products or goods, charge backs, court fees, lawyer's fees, and /or all of the charges that occurred in assisting the process.

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please fax this form with copy of driver's license and copy of back of the credit card\*\***

**\*\*Please fax this form with copy of driver's license and copy of back of the credit card\*\***



Drivers License



Front of Credit Card



Back Of Credit Card