



**CREDIT CARD AUTHORIZATION FORM**

This form authorizes CD Solutions, Inc. to charge the credit cards below as indicated.

**Name of Cardholder:** \_\_\_\_\_

**Billing Address of Cardholder** \_\_\_\_\_  
\_\_\_\_\_

**Ship-To Address** for product:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security code \_\_\_\_\_

Amount \$ \_\_\_\_\_

Product has been received in good working order at the ship-to address listed above.

Signed \_\_\_\_\_ Date March 19, 2012

Email a scanned copy of this form to JerryW@cds.com or fax to 937-676-2478

Thank you!

**P.O. Box 536**

**800-860-2376**

**Email: [Contact@cds.com](mailto:Contact@cds.com)**

**100 W. Monument Street**

**937-676-2376**

**Pleasant Hill, OH 45359-0536**

**Fax 937-676-2478**

**<http://www.cds.com>**