



Phone: 800.989.2639
Fax: 800.931.7498
www.GoSherwood.com

Charge Card - Authorization Form

Company:
Cust. #
Order #
Phone:
Fax:

Date:
Order \$
Freight \$ @ %
Other (60% freight carriers disc)
Total \$

We have received your order and you have requested that this merchandise be charged to your Charge Card.

Please provide us with your Charge Card information; specifying if your card is a Debit Card or a Credit Card.
(a Debit Card is when the money is taken directly from your checking account)

(a Credit Card is when you are sent Monthly Statements, of which payments are made to the Credit Card Company)

This order will be sent for production upon receipt of this Charge Card-Authorization Form, however, your Card will not be charged until the day of shipment.

This form is used to avoid fraudulent charges to your credit card.
If you have any questions or wish to discuss other payment arrangements, please contact us at 800-989-2639.

This section is specific to your Charge Card.
Please fill in the information "exactly" as it is on your statement.

Cardholder Name
Cardholder Address
Cardholder Address
Cardholder City State Zip

Master Credit Card Visa Credit Card Discover Credit Card
Master Debit Card Visa Debit Card American Express Credit Card

Card Number Exp Date /

(The 3 Digit IVC Code is the Imprint Verification Code on the back of the card) IVC Code

Authorized By
(Printed Name)
Position / Title Date

Request E-mail Confirmation? Yes No
E-mail Address:

My signature authorizes this order to be shipped to the address listed on my order unless a different address is noted below.
I also authorize anyone at the ship-to address to receive the merchandise for me

Do you authorize this card to be used for future orders as well? Yes No

Please list your "ship-to" address if it is different from the one listed on your purchase order.

Store Name
Address
City State Zip

Thank you for your order! We appreciate your patronage!