



CALDWELL BENNETT INC
PROFESSIONAL WIRING SYSTEMS
P.O. BOX 610 ROME, NY 13442-0610
PH: 315-337-8540 1-800-346-3462
FAX: 315-337-0215

CREDIT CARD AUTHORIZATION FORM

I authorize Caldwell Bennett Inc. (C.B.I.) to bill written and verbal orders placed by:

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone Number: _____

Fax Number: _____ Tax ID Number: _____

to the credit card identified below. This authorization shall remain in effect until rescinded by me in writing.

Card Type: Business _____ Personal _____
 Visa _____ Master Card _____ American Express _____ Discover _____

Account Number: _____ Exp. Date: _____ C.V.V. Code _____

Name on Credit Card: _____

Address on Credit Card Statement: _____

City: _____ State: _____ Zip: _____ Country: _____

Signature of Cardholder: _____ Date: _____

Print Name: _____

Your C.B.I. Representative is: _____