



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 This authorization shall remain in effect until rescinded by me in writing.**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 Card holder: \_\_\_\_\_ Date: \_\_\_\_\_

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

**If this is a new credit card on your existing account:**

**Please remove old card information**     **Keep old information and I will specify which card to use**

Your C.B.I. Representative is: \_\_\_\_\_