

Dealer Name: _____

Credit Card 'Authorization for Use' Form

All information provided below must match the billing information currently on file with the Credit Card company.

Name as it appears on Credit Card (please print): _____

Billing Address (for credit card): _____

Phone No: _____

City, State: _____

Zip Code: _____

Credit Card Type (check one): VISA MasterCard

Card Number: _____

Expiration Date: _____

V-Code (3 digit # on back of card): _____

I, the Cardholder (please print first and last name here) _____

authorize Paradigm Electronics Inc. to charge the above credit card number, as per terms noted on Confidential Authorized Dealer Price List.

I authorize use of the above information for one of the following:

OPTION 1 All future orders

OPTION 2 PO# _____ **only**

OPTION 3 Past Due Invoice# _____ at an upcharge of 2.5%

Cardholder Signature: _____

Date: _____