



Corporate Headquarters
122 Allen Blvd. PO Box 69
Farmingdale, NY 11735
Tel: (631) 391-3330
Fax: (631) 420-1645



Credit Card Authorization

for full payment on account

Account # _____

Account Name: _____

Transaction Amount: Account balance less 2% discount
(Must be processed by the 10th of the month)

Date each month to process charge: _____

Credit Card: (circle one) VISA MC

Card #: _____

Expiration Date: _____ CCV Code: _____

Name of Cardholder: _____

Credit Card Billing Address: _____

Phone	Fax	E-mail Address
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For your protection please fax authorization to our secure fax at 631-694-3723
along with a copy of the **FRONT AND BACK OF YOUR CREDIT CARD**
AND A COPY OF YOUR DRIVER'S LICENSE.

By signing below you are authorizing Schwing Electrical Supply Corp.
to charge your credit card for full payment each month on the above account.

Cardholder's Signature	Date
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Schwing use only: Token: _____
