



# GORDON SUPPLY CREDIT CARD AUTHORIZATION FORM

*\*PLEASE PRINT CLEARLY IN BLUE OR BLACK INK*

*\*FAX OR EMAIL THIS FORM TO 718-527-8955 OR [YOSSI@GORDONSUPPLYCO.COM](mailto:YOSSI@GORDONSUPPLYCO.COM)*

## COMPANY INFORMATION

COMPANY NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

COMPANY MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COMPANY E-MAIL ADDRESS: \_\_\_\_\_

COMPANY PHONE NUMBER: \_\_\_\_\_

COMPANY FAX NUMBER: \_\_\_\_\_

## CREDIT CARD INFORMATION

AMOUNT TO CHARGE: \$ ,.

TYPE (CIRCLE ONE)    AMEX    MASTER CARD    VISA    DISCOVER

CREDIT CARD NUMBER:

          

(IF AMEX, LEAVE LAST BOX BLANK)

EXPIRATION DATE:    MONTH  / YEAR

CVV CODE:         (IF AMEX, FILL IN LAST BOX)

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*\*WE PROCESS CREDIT CARD PAYMENTS UPON RECEIPT OF THIS FORM*

