



Office Use Only	
Date	_____
Verified _____	By _____
Dealer #: _____	

PLEASE MAIL ORIGINAL DOCUMENTS TO ADDRESS BELOW.

P.O. Box 5, Powder Springs, GA 30127 Ph: 770-439-6888 Fax: 770-439-6413 www.customdistributing.com

Date: _____

I, _____
(Cardholder) authorize Custom Distributing Company to charge my purchases and the purchases of _____
(Company Name) to my credit card listed below.

The undersigned expressly acknowledges that any transaction between the undersigned cardholder and Custom Distributing Company is not a consumer credit transaction but rather a transaction between merchants designed to facilitate the sale of goods. Accordingly, the undersigned acknowledges and waives any rights he/she may have under any Federal or state statute or regulation governing or regulating consumer credit transactions, including any rights under the Federal statutes codified under 15 U.S.C. 1601 et seq. Further, the undersigned waives, with respect to any credit card transactions he/she may have with Custom Distributing Company, any rights granted to the undersigned under the terms of any credit card agreement he/she may have with any institution issuing Visa, MasterCard or American Express. The undersigned expressly agrees to be bound by those terms and conditions of sale and the policies and procedures document in lieu of any rights set forth under any credit card agreement he/she may have with any institution issuing a VISA, MasterCard or American Express. The undersigned expressly acknowledges that Custom Distributing Company offers no refund for returned merchandise after the first 30 days from the date of original invoice as defined in the CDC policies and procedures document.

Conditions of Sale*:
<ul style="list-style-type: none"> • Cardholder must be an employee of the company. • PLEASE PROVIDE A PHOTOCOPY OF THE FRONT OF THE CARD • Sales to the credit card below <u>must be shipped to an address on file with the issuing bank.</u> Addresses will be verified prior to shipment.
* Please use a separate form for each card number.

Shipping Address on File: _____ (No PO Boxes)
(Please Print) _____

Card Issued By: (Name/Branch) _____ (Phone) _____

VISA MC AMEX Card # _____ EXP. DATE _____
Security Code (last 3 digits on the back of the card or 4 digits on AMEX): _____
 Debit Credit \$ _____ Daily Limit (if applicable)

Signature: _____ Cardholder Title: _____
(Cardholder)

Name: _____ Owner/Mgr. Signature: _____
(Please Print)

I certify that the cardholder listed is an employee of the Company.