



# RECURRING CREDIT CARD PAYMENT AUTHORIZATION FORM

I, \_\_\_\_\_, authorize Wholesale Supply Group, Inc. to accept payment for specific invoices, orders, and/or account balances (whether in person, by mail, or over the phone), in which I will use my credit card for the amount specified based on those totals. I have completed this credit card authorization and understand it will remain in effect until I cancel it in writing. I also agree to notify Wholesale Supply Group, Inc. of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions.

If, there is a need to use more than one credit card to pay for your orders or on your account balance, please copy this form, complete the second copy, and return it at the same time you return this form.

NAME \_\_\_\_\_ CUSTOMER ACCOUNT # \_\_\_\_\_

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

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

WHOLESALE SUPPLY BRANCH \_\_\_\_\_

VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

CARDHOLDER NAME \_\_\_\_\_

ACCOUNT/ CC NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_/\_\_\_\_

CW \_\_\_\_\_

ZIP CODE \_\_\_\_\_

I AUTHORIZE WHOLESALE SUPPLY GROUP, INC. TO RUN THIS CARD FOR THE STATEMENT BALANCE ON MY ACCOUNT(S) ON THE 10TH OF EVERY MONTH

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Cardholder's Signature)