

## Your support in a technical industry

Phone: (800) 234-1195 Fax: (401) 944-5492 Email: info@Security.Supply Website: www.Security.Supply

Security Surveillance Access Fire Low Voltage

## **CREDIT CARD STORAGE & RECURRING CHARGE AUTHORIZATION**

I authorize Security Supply to store the following credit card information and to charge the credit card on a

recurring basis to	pay for materials or services rendered for nar	med account.
Security Supply Account Name:		
Security Supply Account Number	er:	
TYPE OF CREDIT CARD		
Master Card VISA	American Express Discover	
Card Number:		
Expiration Date:	Security Code:	
Name On Card:		
BILLING ADDRESS FOR	CARD	
<b>NOTE:</b> We can only ship to th	e credit card billing address listed above.	
Print Name	Signature	Date