



CENTRAL SUPPLY INC.

ONE TIME CREDIT CARD CHARGE AUTHORIZATION FORM

CREDIT CARD TYPE: _____

CARD # _____

EXP DATE _____

SECURITY CODE # _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME ON CARD _____ PHONE # _____

CARD HOLDER
DRIVER LICENSE # _____

DOLLAR AMOUNT \$ _____

Invoice/Quote # to be paid: _____

I hereby authorize CENTRAL SUPPLY INC., to charge my credit card for invoices and the dollar amount listed above. I certify that I am an Authorized user/owner of the credit card listed above and that I will not dispute the payment with my credit card company as long as the transaction corresponds with items and dollar amount listed on the above mentioned invoice(s).

CARD HOLDER SIGNATURE: _____

DATE: _____

261 CENTRAL AVE. PASSAIC, NJ 07055
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Fax 973-405-6820