



CREDIT CARD AUTHORIZATION

Date: _____

To: **Data Direct/Accounting Dept.**
Fax: (781) 449-5370

From: _____

I hereby authorize Data Direct to use the following credit card for:

___ All Orders

___ The following Order _____

___ Orders over 45 Days

*Type of Credit Card: (Please check one) Visa / MasterCard / American Express

Credit Card Number: _____ Expiration Date: _____

Company Name: _____

Cardholder's Name (Printed): _____

Cardholder's Signature: _____

*Cardholder's Billing Address: _____

City / State / Zip: _____

*** Customer is responsible for notifying Credit Card Co. if the billing address is different than the shipping address, prior to Data Direct shipping the product!**

*** Please attach a copy of both sides of your credit card with this authorization.**

Thank You