



CORPORATE HEADQUARTERS:  
 Atlanta 800-444-8962  
 Fax 800-329-2733  
 3505 Newpoint Pl., Ste. 450  
 Lawrenceville, GA 30043

Please submit, along with a copy of your resale certificate, via fax (770-243-1314) or email (creditapps@sedintl.com)

## Credit Card Authorization

Please complete this form and mail or fax it back to the Credit Department at 800-FAX-2SED or fax directly to your SED account representative.

|      |
|------|
| Date |
| To:  |
|      |

**Attention:** Credit Department

**RE:** Authorization to Charge

### CUSTOMER INFORMATION

|                     |
|---------------------|
| Customer Number     |
| Company Name        |
| Street Address      |
| City / State / ZIP: |
| Phone Number        |
| Fax Number          |

Place credit card here. Copy and mail or fax to SED.

### CREDIT CARD INFORMATION

Please Check One: CREDIT CARD  DEBIT CARD

**I hereby authorize SED International to charge my Visa, Discover, American Express, or Mastercard account. I agree not to dispute any credit card charges after sixty days of the purchase.**

|                        |  |
|------------------------|--|
| Card Number:           | Security Code (Number on back of card) |
| Expiration Date:       |  |
| Card Holder Name:      |  |
| Card Holder Signature: |  |

|   |
|---|
| Billing Address:  |
|   |
| Issuing Bank:   |
| Is a copy of the credit card attached? <input type="checkbox"/> YES <input type="checkbox"/> NO |