



# Counter Pro Inc.

◆ 210 Lincoln St. ◆ Manchester, NH 03103 ◆ USA ◆ Tele (603) 647-2444 ◆ Fax (603) 647-6771

## Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Counter Pro Inc. to charge my credit card account. These funds are to be used to credit open balances for \_\_\_\_\_.  
(Company Name)

VISA     MasterCard     American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV2 Code: \_\_\_\_\_ (3 Digits on back of v/mc, and 4 digits on front of Amex)

### Credit Card Billing Address:

Name on Card: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize Counter Pro Inc. to charge my credit card for the company stated above. I accept and agree not to dispute this charge to my account. If a credit or refund is due me, Counter Pro Inc. will issue said credits back into my credit card account in a timely manner. In the event that Buyer cancels the sale after the order is paid for, Counter Pro Inc. reserves the right to charge Buyer a 25% restocking fee of the total amount ordered. **SPECIAL ORDER AND CUSTOM ORDER'S CANNOT BE CANCELLED.**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

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**As the credit card holder, I also authorize Counter Pro Inc. to charge my credit card for future purchases.**

**Authorization Valid Until: \_\_\_\_\_ / \_\_\_\_\_ Initials Here: \_\_\_\_\_**

**Counter Pro Inc. will keep all information entered on this form strictly confidential.**

*NOTICE: Please fax us a photocopy of the credit card (both sides). We recommend that you make the copies on the lightest setting possible and enlarge them 20%, so that we will be able to read it clearly. Please fax requested credit card copy along with this signed authorization to fax # (603) 647-6771.*

THANK YOU!