



# RETAIL NETWORK INC.

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## CREDIT CARD CHARGE AUTHORIZATION FORM

IF YOU WISH TO CHARGE SOME OR ALL OF YOUR ORDERS WITH US TO YOUR CREDIT CARD, PLEASE COMPLETE THE INFORMATION REQUIRED BELOW AND RETURN IT TO US VIA FAX OR MAIL OR EMAIL. THANK YOU FOR YOUR BUSINESS.

COMPANY NAME/ADDRESS \_\_\_\_\_

OWNER/PRINCIPAL NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ TAX OR FED ID # \_\_\_\_\_

RETAIL NETWORK SELLS ONLY TO OTHER BUSINESSES. IN ORDER TO CONFIRM YOUR STATUS AS A BUSINESS, PLEASE GIVE US TWO SUPPLIER REFERENCES THAT YOU HAVE BOUGHT FROM IN THE PAST.

1. TRADE REFERENCE	2. TRADE REFERENCE
COMPANY NAME _____	COMPANY NAME _____
PHONE # _____	PHONE # _____

I AUTHORIZE RETAIL NETWORK TO CHARGE MY CREDIT CARD FOR ORDERS PLACED BY THE ABOVE COMPANY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CREDIT CARD #1 _____	EXP. DATE _____	MC VS AX DISC
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3 DIGIT IDENTIFIER (on the back of card) \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

CREDIT CARD #2 _____	EXP. DATE _____	MC VS AX DISC
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3 DIGIT IDENTIFIER (on the back of card) \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

CREDIT CARD #3 _____	EXP. DATE _____	MC VS AX DISC
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3 DIGIT IDENTIFIER (on the back of card) \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

RETAIL NETWORK REALIZES THAT THE ABOVE MENTIONED CREDIT CARD NUMBERS ARE TO BE KEPT CONFIDENTIAL AND ARE ONLY TO BE USED FOR PLACING ORDERS TO THE STORE LISTED ABOVE.