



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information

Card Type: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVV _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Ear Defender, LLC, to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. Accounts payable name and E-Mail address

Name

E-Mail Address

Company website: _____

Signature

Date

This form should be submitted along side your resale information and copy of your resale certificate.
Thank you for joining the Ear Defender Family.