

**SELECT ENGINEERED SYSTEMS, INC.
CREDIT CARD PURCHASE OR ACCOUNT PAYMENT BLANKET AUTHORIZATION**

CUSTOMER NAME _____ CUSTOMER # _____

DATE _____ FAX # _____

NAME AS IT APPEARS ON CREDIT CARD _____

By signing and executing this agreement you confirm that all information provided is correct, and unconditionally authorize SELECT ENGINEERED SYSTEMS, INC., to charge the following credit card specified for the above purchase, plus applicable sales tax, freight, and handling

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

MASTERCARD ___ VISA ___ AMERICAN EXPRESS ___ DISCOVER ___

CORPORATE CARD ___ PERSONAL CARD ___

CREDIT CARD BILLING ADDRESS:

STREET ADDRESS

CITY STATE ZIP CODE

(_____) _____
BILLING TELEPHONE NUMBER

CONTACT EMAIL ADDRESS CONTACT TELEPHONE NUMBER

ORDER SHIP TO ADDRESS:

STREET ADDRESS

CITY STATE ZIP CODE

I certify that the above information provided on this agreement is true and correct to the best of my knowledge. I also certify that I am authorized to make charges on the above listed credit card.
You agree that you are taking responsibility for taxes in your state, all purchases are for resale purposes, and your tax certificate listed below is valid.

CARD HOLDER AUTHORIZED SIGNATURE DATE

Florida Resale Tax Certificate # _____ (Send copy of certificate if applicable)

FOR APPROVAL PLEASE FAX TO (305) 825-3367 ONLY

Form date 7/6/20