



## Credit Card Authorization Form

### Credit card to be placed on file

I authorize Albany Distributing to place this credit card on file and charge this credit for any orders placed by me or a representative from my company. **Note:** Credit card payments are billed as "Albany Headsets".

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Credit Card Number		Expiration Date	
Name on Card			
City	State/Province	Zip/Postal Code	Country
Phone Number			

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_