



VERITY GROUP
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ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION

This form is used to authorize a one-time debit to the credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

COMPANY NAME _____

CARDHOLDER NAME _____

CARDHOLDER BILLING ADDRESS _____

CARDHOLDER CITY – STATE - ZIP _____

CARDHOLDER PHONE NUMBER _____

CARD TYPE _____

CARD NUMBER _____

CARD EXPIRATION DATE _____

CARD SECURITY CODE (CCV) _____

AUTHORIZED PURCHASER _____

I certify that the above information is true and correct to the best of my knowledge. If the information is incorrect, Verity Group reserves the right to cancel any and all sales associated to the above credit card. I have read and understand the Terms and Conditions page in the Customer Center section of our website. I further agree to pay all freight charges on refused shipments.

SIGNATURE _____

PRINTED NAME _____

DATE _____