

**CHARLES SADEK IMPORT CO. INC. CREDIT CARD AUTHORIZATION**  
**125 Beechwood Avenue, P.O. Box 717, New Rochelle, NY 10802 Phone # 877-SADEKOK.**

**Please print, fill out and fax this form to the Order Department Fax # 914-633-1706.**

Orders covered by this authorization: (Note one authorization form can be used for multiple orders).

Customer #  Fax #  User ID:

Customer Name

Sales Organization

Customer P.O. #  P.O. Date  Amount \$

Div  ORDER #

Type of credit card (Visa or Mastercard only)

Visa  Mastercard

Name exactly as it appears on credit card (if the card is a corporate card but also includes an individual's name please include both):

Card #:  Expiration date:

Credit card bill to (mailing) address if different from the order bill to address:

I am authorizing the use of the above listed credit card for the following:

One shipment only against each order listed above

Multiple shipments against each order listed above

All future shipments against any bonafide orders until I advise you differently

Card holder Signature: \_\_\_\_\_

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

ESTABLISHED 1936