



CORPORATE SALES OFFICE | 2085 East Foothill Blvd. | Pasadena, CA 91107

Phone: (800) 544-1749 Fax: (626) 792-4033
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M-S Cash Drawer Corporation Credit Card Authorization Form

All fields are required. Use <Tab> to move from field to field.

Credit Card Type:

VISA [] MasterCard [] Discover/Novus [] Debit [] AMEX [] (check if "P" card [])

Credit Card Number: _____ Exp: _____ (Ex:Mar-09) CVV2/CID# _____

Company Name: _____

Card Holder Name: _____

Card Holder Billing Address: _____

Card Holder City: _____ State: ____ ZIP: _____

Card Holder Phone: _____ Card Holder FAX: _____

Amount Charged: \$ _____ OR Charge not to exceed: \$ _____

Note: (Please Specify Purchase Order Number OR If For All Purchases From M-S)

------(please fill the following section by hand)-----

I, _____, authorize my credit card to be charged as indicated above.

Authorized Signature: _____ Date: _____
(Card holder signature)

Only the card holder whose name appears on the card can authorize the charge on this form. If a company card is being used, the signatory on this form must be authorized to use the credit card.

All information on this form will be kept strictly confidential by our company.

Please complete this form, print, sign, and fax to (626) 792-4033.

Florida Sales and Distribution Center
1902 Northwest 67th Place
Gainesville, FL 32653
Phone: (800) 548-8687
Fax: (352) 335-5530
flsales@mscashdrawer.com

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Mississauga, Ontario L5T 2L4
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