



**your nationwide source!**

1760 West Terra Lane | O'Fallon, MO 63366

phone: (800) 844-9555

fax: (636) 272-8214

web: [www.skywalker.com](http://www.skywalker.com)

## Credit Card Authorization

Cardholder must be the individual dealer or principal of the dealer entity listed below. All information provided in this form is subject to verification and approval by Skywalker Communications and/or any of its affiliates at any time at their sole discretion.



### Dealer Information:

Business Name: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

### Cardholder Information:

Cardholder Name: \_\_\_\_\_

Cardholder Phone #: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

### Credit Card Information:

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ Amex

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV#: \_\_\_\_\_

### Shipping Information (Authorized "Ship To" Address(es) For Purchases Made With Card Listed Above):

1.) Street Address: \_\_\_\_\_ 2.) Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

3.) Street Address: \_\_\_\_\_ 4.) Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

### Credit Card Authorization

By signing below, I hereby authorize Skywalker Communications to charge my Card (as defined above) for all purchases made from Skywalker Communications with my Card and shipped to one or more of the authorized shipping addresses listed above including without limitation purchases made pursuant to orders placed with Skywalker Communications in writing, over the phone and/or via the internet. I agree to pay Skywalker Communications the total amount(s) for each and every such purchase in accordance with the terms and conditions of my agreement(s) with the Card issuer. I acknowledge and agree that this authorization is valid and binding for all purchases made from Skywalker Communications using my Card until I provide Skywalker Communications with express written revocation of this authorization by fax to the number provided below or to such other number as may be specified by Skywalker Communications from time to time.

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

**Please keep a copy of this signed form for your records and fax the completed original along with a copy of the front of the card to (636) 272-8214.**

**Please notify us if you want to update or change any info regarding your card on file.**

we manufacture. we distribute.  
**we supply.**

