GSB | DIGITAL
30-30 47th Avenue, Suite 535
Long Island City, NY 11101
212.684.3600

Credit Card Authorization Form

Please complete this form and fax to GSB Digital Accounts Receivable: 212.684.3613

Company Name: _____

Cardholder's Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Card Type: ◯ AMERICAN EXPRESS ◯ VISA ◯ MASTERCARD ◯ DISCOVER

Credit Card #: _____

CCV #: _____ CC Expiration Date: _____

Payment Terms are 50% Down and 50% before shipping. We accept Visa, Mastercard, American Express, and Discover.

_____ _____

Cardholder's Signature Date

Authorization to Retain Card on File for Future Transactions: Yes / No

I authorize GSB Digital to retain the credit card information indicated in this authorization form, for payment of future goods and services billed to my Company. I understand that the payment transaction will only be completed upon my verbal authorization or electronic communication provided to GSB Digital instructing processing of payment. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify GSB Digital in writing of any changes in my account information or termination of this authorization at least 15 days prior to expiration. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transaction corresponds to the terms indicated in this authorization form.

_____ _____

Cardholder's Signature Date