



EAST COAST USA DISTRIBUTORS

1807 Gilford Avenue, New Hyde Park, NY 11040
Phone: (516) 326-1560 Fax: (516) 326-7496
Web site: www.ecusad.com Email: sales@ecusad.com

In order to setup up credit card payments:

1. Please fill out this form completely.
2. Enclose front and back copies of your credit card and a copy of the driver's license of card holder.

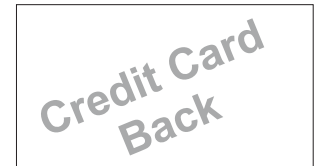
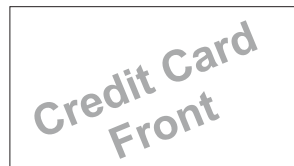
Business Information

Store Name	
Address	
City	
State	Zip
Phone	
Owner's name	

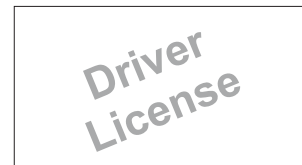
Credit Card Information

Card Number	
Exp. Date	
Card Holder Name	
Security Code	
Credit Card Billing Address	
City	
State	Zip

**Please Provide Separately
Copies of the Following:**



1. **Front and Back Copies of the
Credit Card**
2. **Copy of Driver's License of
Holder of Credit Card**



I hereby authorize East Coast USA Distributors to use the above credit card as payment method for orders I place with East Coast USA Dist. Note there is a 3% credit card processing fee.

Card Holder Signature: _____

Card Holder Name - Print: _____

Date: _____

East Coast U.S.A Distributors

1807 Gilford Avenue, New Hyde Park, NY 11040

Phone: (516) 326-1560 Fax: (516) 326-7496

Web site: www.ecusad.com Email: sales@ecusad.com

Credit Card Charge Authorization Form

Date: _____

I, _____ of, Company Name, _____,

authorize East Coast USA Dist. to charge my credit card,

Card Number: _____ Exp. Date: ____/____ for

the amount of \$ _____ reference Invoice# _____

I understand that this is a final sale, and I agree not to chargeback this transaction. I

further agree to pay this amount to the credit card company.

Card Holder Signature _____

Print Name _____

Date _____

Please fax completed form to 516-326-7496.