

OPTICAL DISTRIBUTORS, INC.
761 HARRIS STREET
JACKSON, MS 39202
800-624-6744
FAX: 866-353-1505
KIM@OPTICALDISTRIBUTORS.COM

I, (COMPANY NAME) _____ ACCOUNT # _____,
HEREBY AUTHORIZE OPTICAL DISTRIBUTORS, INC TO CHARGE MY CREDIT CARD ACCOUNT(SEE
SEPARATE INFORMATION SHEET) ON THE 10TH OF EACH MONTH THE AMOUNT STATED ON MY
STATEMENT FROM OPTICAL DISTRIBUTORS, INC. IF THERE ARE ANY DISPCREPANCIES ON THE
STATEMENT, THE CREDIT WILL BE ISSUED ON THE ACCOUNT ONLY, NOT THE CREDIT CARD.

AUTHORIZED BY: _____

SIGN: _____

DATE: _____

Credit Card Charge/Credit

DATE: CUSTOMER'S ACCOUNT NO:

AUTHORIZATION NO: FOR OFFICE:

CUSTOMER NAME:

CUSTOMER ADDRESS:

OTHER COMMENTS:
PLEASE NOTE IF ADDRESS IS DIFFERENT THAN CUSTOMER ADDRESS ON CARD: MUST BE THE ADDRESS OF WHERE THE STATEMENT GOES TO FOR CARD TO PROCESS

CARD TYPE: MASTER CARD / VISA/ DISCOVER

NAME ON CARD:

ACCT NO: EXP. DATE:

CODE ON CARD: ZIP CODE WHERE BILL GOES:

AMOUNT OF CHG:

CHARGE AUTHORIZED BY:

PAYMENT OF INVOICE NO'S:
Statement Date:
OR
Invoice #:

EMAIL ADDRESS TO SEND RECEIPT: _____