



Credit Card Authorization Form

The cardholder's signature is required for our accounting files to proceed with future orders. Please complete all requested information below legibly and return by fax to Digital Storage, Inc.

Fax Authorization to 740-549-6720, along with a copy of the front and back of credit card

Company Name: _____

Company Address: _____

Company Telephone: _____ **E-mail address** _____

Primary Card

Billing information: specified by credit card company:

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Name/Company as noted on card: _____

Type of Card: **Visa** [] **MasterCard** [] **Discover** []

Card Number: _____ - _____ - _____ - _____ **Expiration Date:** _____

Authorized credit limit: _____



I verify the credit card used to purchase product from Digital Storage, Inc. belongs to me and I am the authorized signatory on this credit card account. My true and correct signature is below, which is my authorization to use the above-noted credit card.

Cardholder Signature: _____ **Date:** _____

****Please mail original to: Digital Storage, Credit Department,
7611 Green Meadows Dr, Lewis Center, OH 43035**