

24/7 Wholesale™
Clifton, NJ 07013
Tel: 1-877-247-Wholesale (9465)
Fax: 1-917-720-9085
Email: sales@247wholesale.com

Credit Card Authorization Form

To whom it may concern.

I, _____, hereby authorize 247wholesale.com to charge the attached credit card for purchases I make from 247 wholesale.

Credit Card #: _____

Expiry Date: ____/____ **CVS Code:** _____

Card Holders Full name: _____

Billing Address: _____

City, State, Zip: _____

I Acknowledge:

That all items purchased are on an AS-IS basis.

The 247 Wholesale website makes no guarantee expressed or implied as to merchandise fitness or marketability.

That there are no returns, refunds, credits or exchanges.

Signature: _____

Date : _____

Please sign and fax this form along with a copy **of the front and back of your credit card and a picture ID.**

Please also **manually write out the credit card's number, expiry date and CVS code** since they may not be legible on fax printout.

Please fax back to 1-917-720-9085 to complete your order.