



14350 ARMINTA STREET
 PANORAMA CITY, CA 91402
 PHONE 818-988-4300 FAX 818-988-4303
 ACCOUNTING/CREDIT FAX 818-815-2054
 www.qmadix.com

Account Manager: _____

Customer #: _____

CREDIT CARD BILLING AUTHORIZATION FORM

(New Account / Customers with Credit Card Terms Only)

Completing this form allows Qmadix to charge your orders automatically at the time of shipment. Qmadix will pre-authorize your credit card prior to shipment to insure funds are available. Once your order is complete, your charge will be processed for the invoice amount due.

CUSTOMER INFORMATION

Customer Number: _____
 Customer Name: _____
 Contact Name: _____ Contact Telephone No.: _____

CREDIT CARD BILLING INFORMATION

Card Type: Visa MasterCard Discover American Express
 Name on Credit Card: _____
 Credit Card Number: _____ Expiration Date (mm/yyyy): _____
 Card Verification Number (CVV): _____
 (CVV is the three or four digit number on back of your card. For American Express, it is the four digit number on the front of your card.)
 Credit Card Billing Address: _____
 Billing City, State, Zip: _____

CREDIT CARD AUTHORIZATION

I hereby authorize Qmadix to automatically charge the above credit card for any purchases that I submit on behalf of the customer account listed above. I agree to pay the credit card charge in accordance with the card issuer agreement. If a discrepancy occurs or if I have a charge in question, I will contact Qmadix first to attempt to resolve any inquiries and for prior approval. If I have not taken steps to work with Qmadix in resolving a discrepancy and I initiate a dispute with the credit card issuer for any listed charges from Paramount Wireless, I may be liable to pay a chargeback fee of \$25.00 for each charge reversal and agree to pay these fees should this occur. By signing below I certify that the provided information is true and correct and that I am an authorized signer for the credit card information provided in this authorization form.

Cardholder Signature: _____ Date: _____

- Please fax a copy of your credit card and one form of identification (state ID) with this form.
- Fax directly to our confidential Accounting/Credit Department fax line at (818) 815-2054.
- For credit card charges in question from Qmadix, please contact our Accounting/Credit Department.