cadan technologies

CREDIT CARD AUTHORIZATION FORM

Please print clearly and complete this form, fax to # 651-457-3534.*

Date: _____

From: _____

Credit Card information:

I hereby authorize CaDan Corporation, to charge my Visa, MasterCard, Discover credit card (We do not accept American Express Cards).

Card number*: _____   CSV #: _____

Expiration Date: _____   Issuing Bank: _____

Cardholder Name: _____

Cardholder Signature: _____

Billing Address: _____

City: _____   State: _____   Zip: _____

Phone #: _____

Keep on file   ☐

Single use   ☐   Customer Purchase Order Number: _____

The information and statements contained herein and which may be attached hereto are true and complete and are made for the purpose of inducing Cadan Technologies to process orders on credit card for the applicant. In consideration of, and in order to induce use of credit card, applicant promises to pay all purchases in accordance with Cadan's terms and conditions of sale (see Cadan website www.cadan.com). Signing this agreement constitutes a personal guarantee.

I certify that the information I have entered on this form is accurate and true.

_____

Authorized Signature   Date   Title

* Should you not have access to fax and you intend to submit this for through an unsecure method (which is not recommended by Cadan) we suggest replacing the last four digits of your credit card with –XXXX, then transmitting those last four digits through a separate method, such as via phone or text.