



**Credit Card Authorization Form**

**\*\* All Sales are final, and no cash or credit card refunds will be made. \*\***

**Terms and Agreements for Credit Card Use**

The Signature below confirms that I am an Authorized User of the credit card described and all the information I have provided is lawful and accurate. As the credit card holder, I grant PSL City LLC full rights to process this credit card prior to shipping products. I recognize that PSL City (PSL City), does not obtain the credit card at the time of purchase and that all information is provided by the card holder via fax and/or email. I understand that while that PSL City (PSL City), provides security measures to protect the information that I have provided, that they are not responsible for any fraudulent charges credited to my account and that I may be contacted by the accounting department to confirm authorizations for security reasons. If the receipt does not reflect the proper amount, please call the accounting department at (240) PSL CITY. Order Acceptance: All orders received from PSL City will be filled out and delivered as ordered. It is required by you to comply with all State and Federal Laws that PSL City, its officers and employees are not liable for any violations, claims, or any other liability you should encounter. Please sign below acknowledging that you agree with the terms of this order and accept the order attached as written.

**\*\* Please email or fax this form back to the Front Office \*\***

Email: [win@pslcity.net](mailto:win@pslcity.net)

Fax: (888) 503 0807

**\*\*\*First Time Order: Photo ID, along with Front & Back of Credit Card Required \*\*\***

**Faxing & Emailing forms to any other number releases PSL City, from all security responsibilities.**

Customer Contact Name: \_\_\_\_\_ Are we Charging a Business CC/Acct: \_\_\_\_\_ YES \_\_\_\_\_ NO

Full Name Listed on CC/Acct: \_\_\_\_\_ Legal Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone # / Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please Circle or Check mark the corresponding Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_ Discover

**\*\*All Items MUST be filled out and Printed\*\***

Credit Card Number: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_

CID/Security Code: (AMEX 4 Digits / All Other 3 Digits) \_\_\_\_\_ Amount to be charged: \_\_\_\_\_ Recurring: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

IF PAYING BY COMPANY CHECK, Mail check to: PSL CITY - 8 THE GRN STE 10997 Dover, DE 19901



PSL CITY

[win@pslcity.net](mailto:win@pslcity.net)

Phone: (240) PSL CITY

Fax: 888-503-0807

