

30-30 47th Avenue, Suite 535 Long Island City, NY 11101 212.684.3600

Credit Card Authorization Form

Please complete this form and fax to GSB Digital Accounts Receivable: 212.684.3613

Company Name:	
Cardholder's Name:	
Billing Address: City:	State: Zip:
Phone:	
Card Type: AMERICAN EXPRESS OVISA OMAST	TERCARD ODISCOVER
Credit Card #:	
CCV #: CC Expiration Date:	
Payment Terms are 50% Down and 50% before shipping. We accept Visa, Mastercard, American Express, and Discover.	
Cardholder's Signature	Date
Authorization to Retain Card on File for Future Transactions: Yes / No I authorize GSB Digital to retain the credit card information indicated in this authorization form, for payment of future goods and services billed to my Company. I understand that the payment transaction will only be completed upon my verbal authorization or electronic communication provided to GSB Digital instructing processing of payment. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify GSB Digital in writing of any changes in my account information or termination of this authorization at least 15 days prior to expiration. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transaction corresponds to the terms indicated in this authorization form.	
Cardholder's Signature	 Date