## **SNEDCO WHOLESALE**

1049 E. John Sims Pkwy, STE2 Dept#283, Niceville, FL 32578 Phone: 850-665-3796 or Fax: 850-665-3416 Email: support@snedco.com Website: www.snedco.com

## **Credit Card Dropship Authorization Form**

## **CUSTOMER CREDIT CARD HOLDER AUTHORIZATION TO SHIP TO ANOTHER ADDRESS**

Dear Customer, To protect the use of your credit card, we ask that you complete the following form. If you'd like to use more than one card, please use a separate form for each card.

Instructions:  1) Please type or print clearly.  2) Fill out form completely, sign and date.  3) Fax completed form to 850-665-3416 or mail to the above address.	Name on Credit Card  Last 4 Numbers of Credit Card  Expiration Date  PLEASE NOTE You will need to provide your full credit card number each time you place an order. Fo security purposes and to protect our customers, we no longer keep full credit card numbers on file.	
Billing Information	Shipping Information (if different from billing)	
Cardholder's Name	Name	
Business Name	Business Name	
Address	Address	
City, State, Zip	City, State, Zip	
Telephone	Telephone	
Fax	Fax	
Email Address	Email Address	

This is to advise you that I plan to take advantage of your dropship program. SNEDCO WHOLESALE is hereby authorized to charge the cost of my order to my credit card account listed above and ship the merchandise to the address I provide on my order form either through your website, phone, snail mail or by fax. I understand that SNEDCO WHOLESALE may reserve the right to limit the quantity and/or amount of a shipment to protect all parties involved. I also understand that by signing this form, I am agreeing to the terms and conditions set forth by SNEDCO WHOLESALE.

Cardholder's Signature _		
Date		