

**CREDIT CARD/DROP SHIP
AUTHORIZATION FORM**

Date: _____

Company Name: _____

Cardholder Name: _____

Credit Card Billing Address:

Telephone #: _____

Email Address: _____

Ship To Address (if different from billing address):

Order #: _____

TESSCO Account #: _____

MasterCard Visa

*American Express * Discover (* For use on U.S. transactions only)

Other Authorized Users: 1. _____

2. _____

Credit card number: * will be obtained from you at time of order placement *

Cardholder Signature: _____

By my signature above, I hereby agree:

- That TESSCO may charge the indicated credit card for the full amount of my order(s);
- To be bound, for this and future transactions, by TESSCO's Terms and Conditions of Sale (which I acknowledge are available for my review on www.tessco.com).