



8221 ARJONS DR., STE. #F SAN DIEGO, CA 92126  
PH: 858-541-1100 EMAIL: accountsreceivable@psginc.com

**\*\*THIS IS NOT AN APPLICATION FOR OPEN ACCOUNT\*\***

**CREDIT CARD AUTHORIZATION**

If you wish to purchase Pro Specialties Group, Inc. merchandise using a credit card. Please complete the form below

**BLANKET AUTHORIZATION**

I, \_\_\_\_\_, do hereby authorize Pro Specialties Group, Inc. to charge the credit card below for ALL purchases of product and/or services rendered that have been requested of Pro Specialties Group, Inc.

**SPECIFIC AUTHORIZATION**

I, \_\_\_\_\_, do hereby authorize Pro Specialties Group, Inc. to charge the credit card amount noted below for purchases of product and/or services rendered that have been requested of Pro Specialties Group, Inc.

AMOUNT OF CHARGE: \$ \_\_\_\_\_  
(Includes freight)

AMOUNT OF CHARGE: \$ \_\_\_\_\_  
(Freight to be charged at shipping)

CUSTOMER CODE: \_\_\_\_\_

INVOICE NO: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_



CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME ON CARD : \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AUTHORIZED PURCHASER: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

I (We) hereby certify that the facts contained herein are correct and true to the best of my (our) knowledge. I (We) agree to all terms and conditions as published by Pro Specialties Group, Inc. and agree to pay all invoices with terms to prevent termination of credit card acceptance by Pro Specialties Group, Inc.

\_\_\_\_\_  
Authorized Signature/Title

\_\_\_\_\_  
Date