

# Purchase Order Agreement & Credit Card Authorization Form

- 1 This form is prepared for buyers who have submitted orders for the first time and/or prefer placing orders and/or authorizing credit card payment processing via fax;
- 2 Please complete this form and fax us at 213-623-2395 along with the copy of your resell license if available. Your very *first* order will not be processed until this form is received.

3 Buyer's information:

Member ID #: \_\_\_\_\_ (7 digit account # if applicable )

Company: \_\_\_\_\_

Attn: \_\_\_\_\_ Title: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number( ) \_\_\_\_\_ - \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

- 4 Billing Information and authorization Form (If you prefer PayPal payment, please indicate here: \_\_\_\_\_, otherwise please complete the following)

Billing Address(if different from above):

Company: \_\_\_\_\_

Attn: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Website: \_\_\_\_\_

Phone Number( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Type of the Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

CVV code \_\_\_\_\_ (3 digits for Visa or Master Card at the back of the card, 4 digits for American Express in the front of the card)

By signing below, buyer's company certifies that the company is in the business of reselling merchandise and has provided proper business and resell license information to Sunway Design & Manufacturing Co., Inc. DBA The Belt and More Co., acknowledges and agrees with the terms and policy set forth at [www.sunwaystar.com](http://www.sunwaystar.com) and also authorize Sunway Design & Manufacturing Co., Inc. DBA The belt and More Company to charge my credit card for my wholesale purchases. This authorization will remain in effect until the business relationship is terminated with a formal written request.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date:(mm/dd/yyyy) \_\_\_\_\_

