

OPTICAL DISTRIBUTORS, INC.
761 HARRIS STREET
JACKSON, MS 39202
800-624-6744
FAX: 866-353-1505
KIM@OPTICALDISTRIBUTORS.COM

I, (COMPANY NAME) _____ ACCOUNT # _____,
HEREBY AUTHORIZE OPTICAL DISTRIBUTORS, INC TO CHARGE MY CREDIT CARD ACCOUNT(SEE
SEPARATE INFORMATION SHEET) FOR EACH INVOICE ORDER PLACED WITH OPTICAL
DISTRIBUTORS, INC. IF THERE ARE ANY DISPCREPANCIES ON THE INVOICE, THE CREDIT WILL BE
ISSUED ON THE ACCOUNT ONLY, NOT THE CREDIT CARD.

AUTHORIZED BY: _____

SIGN: _____

DATE: _____

Credit Card Charge/Credit

DATE: CUSTOMER'S ACCOUNT NO:

AUTHORIZATION NO: FOR OFFICE:

CUSTOMER NAME:

CUSTOMER ADDRESS:

OTHER COMMENTS:
ADDRESS OF WHERE CREDIT CARD STATEMENT GOES. MUST BE ACCURATE
IN ORDER TO PROCESS CARD.

CARD TYPE: MASTER CARD / VISA/ DISCOVER

NAME ON CARD:

ACCT NO: EXP. DATE:

CODE ON CARD: ZIP CODE WHERE BILL GOES:

AMOUNT OF CHG: TO BE SET BY ODI

CHARGE AUTHORIZED BY:

PAYMENT OF INVOICE NO'S:
Statement Date:
OR
Invoice #:

EMAIL ADDRESS TO SEND RECEIPT: _____