



**Credit Card Authorization Form**

The cardholder's signature is required for our accounting files to proceed with future orders. Please complete all requested information below legibly and return by fax to Digital Storage, Inc.

**Fax Authorization to 740-549-6720, along with a copy of the front and back of credit card**

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_  
\_\_\_\_\_

**Company Telephone:** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**Primary Card**

**Billing information: specified by credit card company:**

**Street Address:** \_\_\_\_\_

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

**Name/Company as noted on card:** \_\_\_\_\_

**Type of Card:**      **Visa** [  ]      **MasterCard** [  ]      **Discover** [  ]

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_

**Authorized credit limit:** \_\_\_\_\_



I verify the credit card used to purchase product from Digital Storage, Inc. belongs to me and I am the authorized signatory on this credit card account. My true and correct signature is below, which is my authorization to use the above-noted credit card.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Please mail original to: Digital Storage, Credit Department,  
7611 Green Meadows Dr, Lewis Center, OH 43035**