



**VERITY GROUP**  
Attention: Taledra Campbell  
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Voice 972.422.2228  
Facsimile 972.422.2713

**ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION**

This form is used to authorize a one-time debit to the credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

COMPANY NAME \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

CARDHOLDER BILLING ADDRESS \_\_\_\_\_

CARDHOLDER CITY – STATE - ZIP \_\_\_\_\_

CARDHOLDER PHONE NUMBER \_\_\_\_\_

CARD TYPE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

CARD EXPIRATION DATE \_\_\_\_\_

CARD SECURITY CODE (CCV) \_\_\_\_\_

AUTHORIZED PURCHASER \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. If the information is incorrect, Verity Group reserves the right to cancel any and all sales associated to the above credit card. I have read and understand the Terms and Conditions page in the Customer Center section of our website. I further agree to pay all freight charges on refused shipments.

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_