

**SECURE PAYMENT AUTHORIZATION (UPFRONT PAYMENT CC)- DELCO INNOVATIONS, LLC.**

**COMPANY PROFILE**

Legal Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
(ADDRESS LINE 1) (STE OR UNIT NUM.)

(CITY, STATE, ZIP)

Billing Address (if different than shipping): \_\_\_\_\_  
(ADDRESS LINE 1) (STE OR UNIT NUM.)

(CITY, STATE, ZIP)

**BILLING CONTACT**

Accounts Payable Contact (First/Last): \_\_\_\_\_

Accounts Payable Phone: \_\_\_\_\_ Accounts payable email: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Card Type: AMEX  VISA  MASTERCARD  DISCOVER

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC (3- or 4-Digit Code): \_\_\_\_\_ Credit Card Billing Zip Code: \_\_\_\_\_

**GUARANTY**

To induce Delco Innovations, LLC. & Trend Medical, LLC. to sell goods to the applicant, the undersigned agrees to the above terms, which are herein incorporated and personally guarantees and agrees to pay, when due. Upon demand, the total amount of any indebtedness, including attorney fees and costs incurred for collections, owed to Delco by the applicant in connection with such sales.

\_\_\_\_\_  
GUARANTORS SIGNATURE                      DATE                      PRINTED NAME OF GUARANTOR                      SS #

\_\_\_\_\_  
GUARANTORS SIGNATURE                      DATE                      PRINTED NAME OF GUARANTOR                      SS #

**AUTHORIZATION CONSENT**

Consent: I certify that I am an authorized user of this credit card/bank account and will not dispute the transactions with my bank or credit card company, provided the transactions correspond to our contractually established payment terms and orders placed.

\_\_\_\_\_  
CARD HOLDER SIGNATURE    CARD HOLDER PRINTED NAME    DATE