



CREDIT/DEBIT CARD AUTHORIZATION FORM
Credit Card MUST be a company credit card or the personal card of an owner, principal, or officer of the company.

Customer Information:

- Company Name:
Select Option: Blanket Approval / Sales Order No.
I hereby authorize Adirondack Networks, INC to keep my signature on file for future orders

Credit Card Information:

- Issued by: American Express / Visa / MasterCard / Discover
Card type: Company / Corporate / Personal
Card No: Exp. Card ID#
Cardholder's Name: (As it appears on card)
Credit Card Billing Address: (Street)
(City) (State)
(Zip Code)
Phone No: Ext.

I authorize ADIRONDACK NETWORKS, INC to charge purchases of product to the above credit card in the amount of \$ for the named account listed above. This authorization will remain in effect until ADIRONDACK NETWORKS, INC receives written notice of cancellation, or at the discretion of Adirondack Networks to request an update. I acknowledge all information contained herein is accurate.

Cardholder's Printed Name Card Holder's Title
Cardholder's Signature Date

Fax completed form to 315-732-1502