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CREDIT CARD AUTHORIZATION FORM

WYNIT SALES REP NAME : _____
LEGAL NAME OF APPLICANT (S): _____
TRADE NAME OF APPLICANT(S): _____ EIN or SSN: _____
OWNERS NAME: _____
MAILING ADDRESS: _____
TELEPHONE: (____) _____ FAX: (____) _____ WEBSITE: _____
SHIPPING ADDRESS: _____
DUN & BRADSTREET #: _____ DATE BUSINESS ESTABLISHED: _____
LENGTH OF TIME AT CURRENT ADDRESS: ____ ENTITY (Check One.) Corporation Limited Liability Co. Partnership Proprietorship
AUTHORIZED SIGNATURE: _____ Date: _____

I am an authorized signer on the below noted credit card(s) ending in _____ & _____
and hereby give permission to bill my credit card(s) when requested.

(Below information to be detached and shredded once card is verified)

CARD #1

CARD NUMBER: _____ EXPIRATION DATE: _____ Visa MC AMEX
NAME ON CARD: _____ JOB TITLE: _____
BILLING ADDRESS: STREET: _____ PO BOX _____
CITY: _____ STATE: _____ ZIP CODE: _____

CARD #2

CARD NUMBER: _____ EXPIRATION DATE: _____ Visa MC AMEX
NAME ON CARD: _____ JOB TITLE: _____
BILLING ADDRESS: STREET: _____ PO BOX _____
CITY: _____ STATE: _____ ZIP CODE: _____

Please return this completed form to WYNIT DISTRIBUTION LLC – CREDIT DEPARTMENT via fax # provided below. We appreciate your business.

**RETURN TO FAX
315-703-6911**