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| **Next-Gen Supply Group, Inc.**  **11 Norfolk Street**  **Mansfield, MA 02038** |  | **TEL: 781-986-6161**  **877-4-JANSAN**  **FAX: 781-961-1764** [**nextgensupply.com**](http://www.mdstetson.com/) |

**CREDIT CARD AUTHORIZATION FORM**

**\*\*FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE CREDIT CARD\*\***

I, BY EXECUTING THIS (NAME AS IT APPEARS ON CREDIT CARD)

AGREEMENT UNCONDITIONALLY AUTHORIZES NEXT-GENSUPPLY GROUP, INC.TO CHARGE THE FOLLOWING CREDIT CARD:

CREDIT CARD TYPE (Circle One) : 

CREDIT CARD NUMBER:

EXPIRATION DATE: CVV 2 Code: (Amex = 4 digit; Visa/MC =3 digit)

SINGLE PURCHASE: Invoice #:

Amount: $

ALL PURCHASES (unless otherwise noted at the time of purchase) CARDHOLDER'S BILLING ADDRESS **(Required):**

STREET ADDRESS:

CITY: STATE: ZIP CODE:

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY NEXT-GEN SUPPLY GROUP, INC., PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.

CARDHOLDER AUTHORIZED SIGNATURE DATE

**Please submit this form by Fax: 781-961-1764 or Email:** [**ar@nextgensupply.com**](mailto:ar@nextgensupply.com)

Credit Card Authorization ver. 12-19