

# **CLEAR CONNECT**

## *DISTRIBUTORS*

7074 PeachtreeIndustrial Blvd  
Norcross Ga 30071  
Contact No # 770-458-5270  
Fax No # 770-458-5276

### **Agree to Credit Card Authorization No Refunds**

Manual Signature of card holder ONLY

\_\_\_\_\_  
Date \_\_\_\_\_

Dear Customer,

**All Info to be filled Manually No computer prints any incomplete info will delay process**

**Your order is pending please fill all required info attach a copy of driver license & copy of the credit card any missing info will delay your order.**

**Name of Your Company:** \_\_\_\_\_

**Company Address :** \_\_\_\_\_

**Billing Address Where You Receive The Statements for This Credit Card :**

**Address:** \_\_\_\_\_

**City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip :** \_\_\_\_\_

**Name of Card Holder** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Last 3 Digits on the Back Of the Card** \_\_\_\_\_ **for Amex 4digs front** \_\_\_\_\_

**I/WE Want to Buy Merchandise and Authorize Clear Connect Distributors LLC  
To Charge My Credit Card**

**Visa** \_\_\_\_\_ **/ Master Card:** \_\_\_\_\_

**Discover:** \_\_\_\_\_ **Amex** \_\_\_\_\_

**By signing this authorization, I understand that Clear Connect Distributors LLC  
Will charge my credit card for my purchase order amount. No refunds**

**Manul Signature of the Cardholder Agree to Charge Credit Card**

\_\_\_\_\_ **Date :** \_\_\_\_\_ **Title :** \_\_\_\_\_