

Revised Date: March 4; 2008

Credit Card Authorization Form

Dealer Name: _____

Name of Card holder: _____

(As it appears on the Card)

Billing Address: _____

City, State, Zip Code: _____

Telephone#: _____

Visa _____ Master Card _____ Discover _____ AMEX _____

Credit Card Number: _____ Exp. Date: _____

I hereby authorize "SAVV CORP." To charge all future purchases to the above credit card for the account list above. I certify that I am the authorized cardholder of record and that I have full authority to make purchase on behalf of the account listed above. I understand that at time items may be back ordered. I recognize that SAVV CORP will issue immediate credit to the above listed credit card in the event my card has been charged for items that have been back ordered.

Unless other arrangements have been made to the contrary, I hereby authorize SAVV CORP. to ship and charge the above credit card for back ordered items as they become available.

**** Dealer is required to submit a credit card authorization form, regardless of Dealer type or term. SAVV® keeps customer credit card information on file to use in the event of past due balances. Therefore all Dealers must maintain an accurate credit card number including expiration date and accurate credit card mailing address. If your account is more than 30 days overdue, SAVV® will attempt to contact you for payment both by mail and phone. If your account is more than 45 days past due, SAVV® will charge your card for past due balances. Otherwise your credit card will not be charged unless your account is on credit card payment terms.****

Signature of Cardholder: _____ Date: _____

Print Name: _____