



## CREDIT CARD AUTHORIZATION FORM

\*Please print clearly and complete this form, fax to # 651-457-3534.\*

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

I hereby authorize Cadan Technologies, to charge my Visa, MasterCard, Discover credit card (We do not accept American Express Cards).

### Credit Card Information:

Card Number: \_\_\_\_\_ CSV #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Keep on file

Single use

Customer Purchase Order Number: \_\_\_\_\_

The information and statements contained herein and which may be attached hereto are true and complete and are made for the purpose of inducing Cadan Technologies to process orders on credit card for the applicant. In consideration of, and in order to induce use of credit card, applicant promises to pay all purchases in accordance with Cadan's terms and conditions of sale.

(See <https://cadan.com/about-us/terms-and-conditions/>).

\*Any invoice over the amount of \$1,000.00 may be subject to a 3% processing fee.\*

Signing this agreement constitutes a personal guarantee.

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Authorized Signature

Date

Title

**\* I certify that the information I have entered on this form is accurate and true. Should you not have access to fax and you intend to submit this for through an unsecure method (which is not recommended by Cadan) we suggest replacing the last four digits of your credit card with -XXXX, then transmitting those last four digits through a separate method, such as via phone or text.**

4131 Old Sibley Memorial Highway, Suite 200, Eagan, MN 55122-1946

[www.cadan.com](http://www.cadan.com) (651) 456-5760