

International Systems of America Inc.  
1812 Cargo Court  
Louisville KY 40299  
502-499-9485  
502-491-6543 fax

## New Customer Information/Credit Card Authorization Form

Sales person: \_\_\_\_\_

To set up your account for Credit Card terms, please fill out and fax to 502-491-6543

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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Delivery Address: \_\_\_\_\_

Attention: \_\_\_\_\_

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

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

Name on Credit Card: \_\_\_\_\_ Security Code: \_ \_ \_ \_ ← **REQUIRED**

**PLEASE NOTE: WE DO NOT ACCEPT DISCOVER CREDIT CARDS**

Credit Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Email address: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(Accounting use only)

Customer # \_\_\_\_\_ Order # \_\_\_\_\_ SE \_\_\_\_\_ GM \_\_\_\_\_ KY/TN taxable \_\_\_\_\_