

Silverline Wholesale, Inc.

1000 Crossroads Parkway, Suite J, Bolingbrook, IL 60490

Phone: (815) 372-9270 Fax: (815) 372-9276

AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS

By entering into this Authorization Agreement for Credit Card Payments (CC) (the "Agreement") the undersigned _____ (Business/Individual Name, as it appears on the Credit Card), hereafter referred to as "CUSTOMER", authorizes Silverline Wholesale, Inc., hereafter referred to as "COMPANY" to initiate entries to its Credit Card, details of which are listed below and is made a part of this Agreement. The CUSTOMER further acknowledges and agrees to the following terms and conditions:

- > This Agreement shall cover all future orders by the CUSTOMER. It shall remain in full force and effect until terminated by the mutual consent of both the COMPANY and the CUSTOMER.
- > COMPANY shall only charge the amount of money needed to cover the cost of the Customer's order including shipping, hazmat charges and other charges (whenever shipping, hazmat or any other charges are to be paid by the customer).
- > In the event there is a dispute with the shipping of products, CUSTOMER agrees to handle the issue outside of the Credit Card process. COMPANY reserves the exclusive right to issue credits as needed to cover shipping errors.
- > CUSTOMER agrees to call COMPANY and speak to their representative by phone prior to initiating any return of a Credit Card charge.
- > For the purpose of this Agreement, a signature supplied by facsimile shall be deemed valid and binding for all purposes.
- > The laws of the State of Illinois shall govern the interpretation of this Agreement. In the event of a dispute regarding this Agreement venue and jurisdiction shall be vested exclusively in the Will County Circuit Court, Joliet, Illinois.

I have read and understand the Agreement and certify that I have the authority to enter into this Agreement on behalf of the CUSTOMER.

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV CODE: _____ TYPE: VISA / MC / AMEX / DISCOVER

STATEMENT MAILING ADDRESS: _____

NAME ON CREDIT CARD: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____ TITLE: _____ DATE: _____