

# Credit Card Consent Form

Customer Number: \_\_\_\_\_ Date:    /    /    Sales Representative: \_\_\_\_\_

FAX BACK TO (973) 808-2461

To: Credit Department  
JSTQI

I, \_\_\_\_\_, hereby authorize JSTQI.com, Of New Jersey, to use the following information to charge sales amount totaling \$ \_\_\_\_\_ plus all applicable shipping charges for merchandise or service that I order from JSTQI.com. I have read JSTQI.com terms and conditions and I am aware of my responsibility and my obligations as set forth in the Cardholder's Agreement with the issuer. All electronic transactions are legally binding.

Reference:

- ✓ All equipment require an RMA#, a hard copy of the invoice, and must be returned with in 30 days.
- ✓ Warranty is stated on the original invoice.
- ✓ All sales are final with no right of return unless specified on individual invoice of sale.
- ✓ All warranties are through JSTQI.com not the original manufacturer.
- ✓ In the event legal action and/or the placement of the account with a collection agent JSTQI.com will be entitled to recover from customer, it's assignees or successors in interest, the actual cost and expenses resulting from said actions including attorney's fees and collection costs. Customer agrees that the venues will be in Newark, New Jersey for any lawsuit to enforce the terms of the agreement or to collect any amounts owed by customers to JSTQI.com. The parties agree that they will interpret this agreement and other agreement between the parties according to the laws of the State of New Jersey.

Credit Card Number:

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_    COV Code (On the back of Card, On the front of AMEX)   
Month    Year

Card Holder's Name as it appears on the card: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Type of Card:     Visa     MasterCard     Amex     Discover

Pay with this card for:     Today's Order Only

Pay with this card for:     All future orders    \_\_\_\_\_ (Signature Required)

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

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

Monthly Statement Billing Address:  
\_\_\_\_\_  
\_\_\_\_\_

(Please fill out if different from monthly statement billing address)

I also authorize this merchandise to be shipped to:  
\_\_\_\_\_  
\_\_\_\_\_

Credit Card Holder's Authorized Signature: \_\_\_\_\_

