



1415 Stanley Avenue, Dayton, Ohio 45404
937-835-5000 Phone / 888-705-4570 Fax

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Chiappa Firearms to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Chiappa Firearms is notified by me (us) by phone or in writing to cancel it in such time as to afford Chiappa Firearms and the financial institution a reasonable opportunity to act on it.

Store Information

Please Print

Store Name _____

Buyer's Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

For Credit Card Payment

Please Print

Account Type: (Check One) Visa MasterCard Discover

Cardholder Name _____

If billing address is different than above, please complete address below:

Billing Address _____

City _____ State _____ Zip _____

Account Number _____

Expiration Date ____/____/____ CVVS (3 digit number on back) _____
Month Year

For ACH Payment

Please Print

Name of Financial Institution _____

Address of Financial Institution _____

City _____ State _____ Zip _____

Financial Institution Routing Number _____

Checking/Savings Account Number _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

I authorize the above named business to charge the account indicated on this authorization form according to the terms outlined above. This payment authorization is for the merchandise as described on the order form (attached to this form) and for the amount as indicated on said order form. I certify that I am an authorized user of this account and that I will not dispute the payment with my account company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____