



**DUNPHEY & ASSOCIATES SUPPLY CO., INC.**

WHOLESALE DISTRIBUTORS OF HEATING, AIR CONDITIONING AND SHEET METAL SUPPLIES  
P.O. BOX 193, WHIPPANY, NEW JERSEY 07981

THIRD PARTY CREDIT CARD AUTHORIZATION FORM

CREDIT CARD POLICIES REQUIRE THAT WE OBTAIN AN AUTHORIZED SIGNATURE FOR ALL CREDIT CARDS USED. ALL REQUESTED INFORMATION IS REQUIRED OR WE CANNOT PROCESS ORDER.

CARDHOLDER'S NAME \_\_\_\_\_ (PLEASE PRINT)

CARDHOLDERS BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ORDER # \_\_\_\_\_ DATE OF ORDER \_\_\_\_\_

TOTAL AMOUNT OF PURCHASE TO BE CHARGED TO MY CREDIT CARD: \$ \_\_\_\_\_

TYPE OF CARD – VISA-MASTERCARD-DISCOVER-AMERICAN EXPRESS (CIRCLE ONE)

CARD NUMBER \_\_\_\_\_ EXP DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

I, THE UNDERSIGNED AGREE, UNDERSTAND AND AUTHORIZE THE AMOUNT SHOWN ABOVE TO BE CHARGED TO MY CREDIT CARD FOR THE ITEMS SHOWN ABOVE ON THE REFERENCED ORDER.

THESE ITEMS ARE BEING PURCHASED BY ME FOR:

\_\_\_\_\_  
(PRINT NAME & ACCOUNT CODE OF THIRD PARTY)

I understand these charges will appear on my credit card statement under the name Dunphey & Associates Supply Co., Inc. or Dasco and I accept full financial responsibility for payment of the order above.

SIGNATURE OF CARDHOLDER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

9 WHIPPANY ROAD, UNIT D  
WHIPPANY, NJ 07981  
Sales ph.: 973-884-1390  
Sales fax: 973-887-5785  
Accounting ph: 973-585-6966  
Accounting fax: 973-884-2290

7 GREEK LANE  
EDISON, NJ 08817  
Sales ph.: 732-248-9530  
Sales fax: 732-248-9540

1705 OAK STREET  
LAKEWOOD, NJ 08701  
Sales ph: 732-364-9035  
Sales fax: 732-364-9142

99 East 5th Street  
PATERSON, NJ 07524  
Sales ph: 973-782-4150  
Sales fax: 973-782-4151