



CREDIT CARD AUTHORIZATION FORM

For your convenience, we accept VISA, MasterCard, and American Express credit cards. If you wish to order using your credit card, please fill out this authorization form completely and return it to us as soon as possible with a photocopy of your credit card. We need to receive this authorization before your order is shipped.

Please print the following information clearly:

Cardholder's Name (as it appears on card): _____
Cardholder's Address: _____
City/ State/ Zip: _____
Company Name: _____
Resale Number: _____
Email: _____

Payment option, Please circle one:

MasterCard Visa AmEx Security Code: _____

Invoice Number: _____
Invoice Amount: _____
Convenience Fee: ADD 3% TO INVOICE AMOUNT
Total Amount: _____

Card Number: _____ Exp: _____

I _____ hereby authorize, So Cal Blanks ENT., Inc. to charge my credit card for the amount of: \$ _____, and agree to all terms and conditions of the invoice. I agree that I will pay for this purchase and indemnify and hold So Cal Blanks harmless against any liability pursuant to this authorization.

I understand that my signature on this form will serve as authorized signature on the credit card charge slip. By signing this Credit Card Authorization Form, I declare that I have fully read, understand and agree to abide by the Terms and Conditions of So Cal Blanks as stated on the invoice.

Cardholder's Signature: _____ Date: _____

FAX COMPLETED FORM TO 310-965-9775

Phone: (310) 965-9776 Fax: (310) 965-9775