



Credit Card Payment Authorization Form

Date: _____

CUSTOMER BILLING ADDRESS	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
E-MAIL:	

SHIP TO (if different from billing address)	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
E-MAIL:	

CREDIT CARD BILLING ADDRESS (if different from customer billing address)

Credit Card Information:

- VISA
 Master Card
 AMX

Card No.: _____

Name on Card: _____

Exp. Date: _____

Does (AVS) Address Verification Comply? Yes No

IF NO, WE MUST CALL BANK TO VERIFY AUTHORIZATION

Bank name: _____

Spoke to: _____

Title: _____

Dealer is empowering and authorizing *Screen Solutions International* to drop shipment to customers per their request. Dealer will assume all responsibility regarding fraudulent or charge back issues from customers. Dealer holds *Screen Solutions International* free of any liabilities and will pay for all shipped merchandise.

Print Name:

Signature

Date: