



Fastest & Easiest Removal Solutions since 1990
Put Our Experience To Work For You
1-800-653-9311

Credit Card Charge Authorization Form

Instructions: (1) Please print legibly with a dark pen all billing and shipping information in the blanks below. (2) Fax this form, along with a photocopy of your signed credit card (back and front) to **954.545.0348**, or email to **cutters@smithmfg.com**

Company Name: _____	
Cardholder Name (as shown on card): _____	
Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Number: _____	Exp. Date: _____
CVC Code (last three digits on the back of the card) _____	
Name of Alternate Authorized Credit Card Users:	
1. _____	2. _____

Billing Address

(as shown on credit card statement):

Requested Shipping Address:

Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip/Postal Code _____	State: _____ Zip/Postal Code _____
Phone: _____ - _____ - _____	Phone: _____ - _____ - _____
E-Mail: _____	E-Mail: _____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above and authorize SMITH Company, SSPS, Inc., to charge my credit card for purchases verbally approved by my company and me for all future and current charges. This authorization will remain in effect until terminated, in writing, by the undersigned. Buyer agrees to pay the total amount and fully accepts Seller's terms and conditions which include a resocking fee of 25% plus freight for all cancelled or returned orders. Special orders may not be returned. Any credits to apply for future orders only.

Authorized Cardholder's Signature _____ Date _____