



Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email: _____

Address: _____

Direct Telephone: (____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____

Please indicate if using a Debit Card ☐

* **Estimated** Amount of Charges: \$ _____

*** This amount does not include Freight and Applicable Taxes, 10% + or – over-run or under- run.**

I hereby authorize the above card to be charged for the services provided by Southern California Marketing Solutions LLC. I further understand, that the amount indicated above is an *Estimate. FINAL CHARGES will be charged accordingly upon shipment of order. (Price May Differ from*Estimate).

Signature of Cardholder

Date

Form Version 2018-