

6922 Staples Mill Rd., Henrico, VA 23228 (804) 390-9904

CREDIT CARD AUTHORIZATION FORM

	Invoice/Quote #			
Name as appears on credit card:				
Address:				
City:	State:		Zip:	
Telephone:	Cell:		Fax:	
Email:				
American Express	MasterCard	Visa	Discover	
Credit Card Number				
CID/CVV#				
Exp. Date				
Amount				
Please indicate payment authorization for one of the following: (Please check and initial)				
Single Purchase Authorization (Limits the amount to be charged to your credit card to the amount indicated above. Additional charges will require an additional signature.)				
Blanket Purchase indicated above, to your credit ca signature. Additional charges may placed via telephone or fax.)	rd, as well as any addition	onal charges tha		additional
l, supplies/lighting fixtures and compolicy for non-stock, special order	responding accessories		credit card for the purchase o ve. I acknowledge SMES's non	
Signed:			Date:	