

Credit Card Authorization Form



simply sarah
simplysarahshaw.com

I, _____, give Simply Sarah permission to charge my
(Authorized Signer)

credit card in the amount of \$ TBD for each drop shipping order for the product(s) listed below:

QTY	Product	Unit Price	Ext Price
_____	<u>Drop shipping of various nature</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Sales Tax: _____
			Total: _____

Credit Card Information

Credit Card number: _____ Expiration Date: _____ / _____
Card Type (check one): Visa () MasterCard () Am-x () Card CVC # _____
Card Holder Billing Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____

By signing this agreement you understand that the amount listed above is non-refundable and will be charged to the credit card account listed above. A facsimile copy of this agreement shall have the same force as the original.

Signature: _____ Date: _____ / _____ / _____

Business Name: _____

Please complete this form and fax it to
8033 Sunset Blvd. #175 Los Angeles Ca 90046
213.705.6133 • 323.993.7161 • www.simplysarahshaw.com

For office use only

Order # _____ Sales Rep: _____
Charge: _____ Date: _____