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CREDIT CARD AUTHORIZATION FORM FOR THIRD PARTY SHIPPING ACCOUNTS

(MUST BE FILLED OUT COMPLETELY)

PLEASE PRINT ALL INFORMATION CLEARLY

VISA__ MASTERCARD__ DISCOVER__ AMEX__

CREDIT CARD NUMBER_____

EXPIRATION DATE (MM/YYYY)_____

SECURITY CODE (VISA/MC/DIS 3 DIGITS, AMEX 4 DIGITS ON FRONT)_____

NAME (AS PRINTED ON CARD)_____

BILLING ADDRESS FOR CREDIT CARD _____

CITY_____ STATE_____ ZIP CODE_____

_____ AUTHORIZED SIGNATURE

_____ PRINT NAME

_____ TODAYS DATE

_____ BUSINESS NAME

_____ BUSINESS ADDRESS