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(MUST BE FILLED OUT COMPLETELY)

CREDIT CARD AUTHORIZATION FORM FOR NET 30 TERMS

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_____

UPON PROVIDING CREDIT CARD INFORMATION, ONE STATEMENT WILL BE SENT. IF ACCOUNT BALANCE IS UNPAID AFTER 30 DAYS OF STATEMENT DATE, ACCOUNT BALANCE WILL BE CHARGED TO THE CREDIT CARD. IF FOR ANY REASON YOUR CREDIT CARD IS DECLINED AND PAYMENT TO OUR OFFICE HAS NOT BEEN RECEIVED YOUR NET 30 TERMS WILL BE REVOKED. UNFORTUNATELY, IF YOU CHOOSE NOT TO PROVIDE CREDIT CARD INFORMATION, WE ARE NOT ABLE TO EXTEND NET 30 TERMS.

_____ AUTHORIZED SIGNATURE

_____ PRINT NAME

_____ TODAYS DATE

_____ BUSINESS NAME