

SAMS International
306 South Maple Avenue
South San Francisco, CA 94080
Tel: (650) 244-9800 / (800) 683-2545
Fax: (650) 244-9888

Credit Card Authorization

CREDIT CARD NUMBER: _____

SECURITY CODE (on back of card): _____

TYPE OF CARD

Visa

MasterCard

Amex

EXPIRATION DATE: _____

AMOUNT AUTHORIZED NOT TO EXCEED BALANCES OF INVOICES: \$ _____

NAME AS IT APPEARS ON THE CARD: _____

CREDIT CARD BILLING ADDRESS:

Address

State:

Zip:

DRIVERS LICENSE NUMBER: _____ State: _____ Exp: _____

I, the undersigned hereby authorize SAMS International and/or its related parties to charge the above amount to my credit card and hereby confirm that the undersigned shall pay for same with no rights of offset.

Signature: _____

Name: _____

Date: _____

Please fax signed and completed form to 415.431.5044 / Attn: Customer Service