



# CREDIT CARD AUTHORIZATION FORM #2A

SKY LOCKSMITH, SECURITY AND HARDWARE | LICENSED - BONDED - INSURED  
1574 FIRST AVENUE, NEW YORK, NY 10028  
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SERVICE@SKYLOCKSMITH.COM

Please complete entire application to ensure processing.

**COMPANY INFORMATION (Please print)**

Company Name \_\_\_\_\_ Direct Phone # (     ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CREDIT CARD INFORMATION (Please print)**

Select Card Type                       VISA     MASTERCARD     AMEX     DISCOVER

CARDHOLDER NAME \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_

3 OR 4 DIGIT VERIFICATION NUMBER ON CARD     (\*MUST BE INCLUDED)

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) - \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER (ASSOCIATED WITH CREDIT CARD) + \_\_\_\_\_ ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

**TERMS OF AGREEMENT**

Being the cardholder or Corporate Officer, by signing below I understand, agree to pay, and specifically authorize Sky Locksmith to charge my credit card, for the services provided. The credit card will only be charged when the last 3 or 4 digit number this is provided on the back of the card is given to ensure that the purchaser has authorized access to the card. **\*Please note, not providing this information will cause your order to be withheld from processing.**

Additionally, I further agree that in the event my credit card is invalid, I will provide Sky Locksmith with a new credit card to be charged for the payment of any outstanding balances owed to Sky Locksmith.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ DATE \_\_\_\_\_