

CREDIT CARD AUTHORIZATION FORM #2A



SKY LOCKSMITH, SECURITY AND HARDWARE | LICENSED - BONDED - INSURED
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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	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
CARDHOLDER NAME				
CREDIT CARD NUMBER		EXP	/	
3 OR 4 DIGIT VERIFICATION NUMBER ON CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (*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 SIS 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 SIS with a new credit card to be charged for the payment of any outstanding balances owed to SIS.

Signature	Printed Name	DATE
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*****ATTENTION! THIS FORM IS PERSONAL AND CONFIDENTIAL. IF YOU HAVE RECEIVED THIS IN ERROR PLEASE NOTIFY THE SENDER AS SOON AS POSSIBLE AND DELETE THIS FORM.*****