

Credit Card Authorization Form Sales Order: Date: Amount \$ (SINGLE PURCHASE) Company Name: $\square VC \ \square MC \ \square AX \ \square DC$ Credit Card # I hereby authorize Expiration Date: Security Code: Sunshine Supply Company to charge the Billing Address: indicated credit card. Name of the CARDHOLDER: I agree that this is a onetime charge that will be Signature of the CARDHOLDER: made as indicated above or as indicated in the Name of individual picking up material: multiple invoices remittance field. Multiple Invoice Remittance I guarantee and warrant that I am the legal cardholder for this credit Invoice Invoice Amount Amount card and that I am legally authorized to enter into this one time billing agreement with Sunshine Supply Company Inc. Would you like a copy of the receipt? Total \$ ☐ Fax to:

Fx: (619) 276-0304

☐ Mail to:

☐ Email to:

Fx: (303) 355-8787