

CUSTOMER CREDIT CARD AUTHORIZATION FORM

Order (invoice) #: _____

Name: _____

Company: _____

Billing Address of Card Holder:

Address: _____ City _____ ST ___ ZIP _____

Shipping Address (if different than Billing Address):

Address: _____ City _____ ST ___ ZIP _____

Phone: _____ Email _____

Credit Card Number: _____ Expiration _____ (mmyy)

Note: If you plan to use multiple credit cards to pay for your orders, we will need a separate form completed for each credit card.

PLACE FRONT OF PLACE BACK OF CREDIT CARD HERE CREDIT CARD HERE

(Light and legible copies of the front & back of the credit card are required with this form.)

Dark copies are rejected.

I do hereby authorize **Sadoun Enterprises LLC** to process payment for all my orders, including drop shipping orders, made by fax, phone or email, to the above referenced credit card. I assume responsibility for all payments pertaining to my account and do state that I am the cardholder. If I request the order to be drop shipped to an alternate shipping address other than my billing address, I agree and accept that **any person** who accepts and signs receipt of delivery at receiving address is enough proof of delivery to said address. I have included a copy of the front & back of the credit card and understand if the copy is not received; the orders will not be processed. I do also agree to abide by the Sales & Return Authorization Policies established by Sadoun Enterprises LLC. I have read the above conditions & hereby agree to the terms of this sale.

Authorized Signature _____ Date _____

Fax the completed form to 1-281-239-8900

Sadoun Enterprises LLC, 4911 Avenue Ave., Rosenberg, TX 77471

Any questions? Call 888-519-9595