



SINERGY MERCHANDISING CONCEPTS, Inc.

P.O. Box 1908 Spring Hill , TN 37174

PH: 615.261.8592 FAX: 714.989.8008

**Credit Card Authorization Form
Please Complete and Submit**

Name on Card: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Card Type: _____

Credit Card Number: _____

Expiration Date: _____

CCV# _____

One Time Charge: Amount \$ _____

Recurring Charge: _____

Amount: \$ _____

This form grants Sinergy Merchandising Concepts, Inc. the authority to charge the credit card listed above the amount indicated.

By signing this form you have the permission to the use of the credit card listed above.

Name: _____ **Date:** _____

Signature: _____