



***www.smcincorporated.com***

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

**Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Please Circle One: Visa / Mastercard / Discover**

**Credit Card Number:** \_ \_ \_ \_ \_

**Expiration Date:** \_\_\_/\_\_\_

**CCV#** \_ \_ \_

**One Time Charge: Amount \$** \_\_\_\_\_

**Recurring Charge:**

**Weekly | Monthly | Quartley | Other** \_\_\_\_\_

**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:** \_\_\_\_\_