



CREDIT CARD AUTHORIZATION FORM

Authorization

Date: _____

I _____, authorize Signature Systems Group, LLC
(Print Name)

to charge my credit card in the amount of \$ _____ (fill in total).

Credit Card Information

Type of Credit Card: (circle one) **Visa** **MasterCard** **American Express** **Discover**

Credit Card # _____ Expiration Date ____ / ____

Authorized Signature _____

Name as it appears on Credit Card _____

Billing Information

(Company name and billing address as it appears on the credit card statement – required for verification purposes)

Company Name _____

Billing Address _____

City _____ State _____ Zip _____-

Phone _____ Fax _____

Shipping Information - Please take a moment and confirm delivery address for your order!

- Shipping/Delivery Address is the same as the billing address
- Shipping/Delivery Address (if different than the billing address):



Signature Systems Group, LLC
50 East 42nd Street • 14th Floor
New York, NY 10017

Toll Free: 800-569-2751 • 212-953-1116 • Fax: 212-953-1117

Flooring: www.eventdeck.com • Fencing: www.signaturefencing.com