



Credit Card Authorization Form

Card Type: (Checkmark) Visa _____
Mastercard _____
American Express _____

Credit Card Number: _____

Expiration Date:

Month	Day	Year

Verification Code _____

Note: American Express code is the (4) digit code on the front of card, visa & mastercard code is the three digit code on the back of the card.

Name of Cardholder: _____
Please print Legibly (We must be able to read clearly)

Billing Address of Cardholder: _____

Subtotal Purchase Amount _____

Tax _____

Total Sale _____

Total Amount to be Charged to Credit Card

Cardholder Signature: _____

Signature of Cardholder

Printed Name of Cardholder

Date

By signing this authorization form, I am authorizing charges to my credit card by So.Cal.Sandbags,Inc. for payment of the above sale.

*****Please fax this form to (951) 277-2303*****

"All Sales Are Final"