Credit Card Authorization Release Form

Credit Card Information *(choose One)* ☐ ***VISA*** ☐ ***Mastercard*** ☐ ***American Express***

Credit Card Account #: _____ Exp Date: _____

Billing Information

Company Name _____ DBA _____
(if applicable)

Cardholders Billing Address: _____
(no PO Boxes Accepted)

City: _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

I _____(name of card owner or officer) authorize Sparco Technologies, Inc. to charge the above credit card for:

(choose one) ☐ALL ORDERS OR ☐ THIS ORDER ONLY _____ _____
(date of order) *Hardware charges (not including freight)*

and, I guarantee payment for any purchases made with the credit card account number identified above, including renewed cards. I also authorize the freight charges being added to this hardware purchase.

_____ _____
Signature of owner/officer *Date*

Print Name_____ Title _____

Shipping Information*

☐ Check here if the shipping address is the same as the billing address.

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*Complete this section ONLY if the shipping address is DIFFERENT from the billing address.

Recipients Name _____ Phone Number _____

Shipping Address _____

City _____ State _____ Zip _____

I Authorize Sparco Technologies, Inc. to ship the merchandise purchased with the above credit card account number to the above credit card billing address and company billing address as well as any addresses on this form under the heading of "Shipping Address". And I am fully aware that my credit card is being charged for any such purchases.

Cardholders Signature: _____ Date _____