



CREDIT CARD AUTHORIZATION FORM

Date: _____

I, _____ (please print), authorize Sistone, Inc. to charge the item(s) listed on the attached invoice # _____ to my credit card for the amount of \$_____.

CREDIT CARD INFORMATION

Full name on card: _____

Type of card: _____

Credit card number: _____

Expiration date: _____

V-code: _____

Billing Address: _____

Phone number: _____

Signature of cardholder: _____