



CREDIT CARD AUTHORIZATION FORM

COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX or EMAIL (SEE BELOW). THIS FORM WILL BE DISCARDED AFTER USE.

COMPANY NAME: _____ Quote # _____

Cardholder Name: _____

Billing Address: _____

Sales Tax: ___ Taxable ___ Exempt (If exempt please provide exemption certificate)

Credit Card Type: ___ VISA* ___ MASTERCARD* ___ AMERICAN EXPRESS **

* Credit Card Processing Fee 3% of total order.

Credit Card Number: _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

(American Express 4 digits on front)

Amount Charged: \$ _____ (USD)

(Shipping and sales tax if any will be charged after shipment of the product)

SIGNATURE _____ DATE _____

FAX the authorization to: 847-737-5443 ATTN: Accounting

Email the authorization to accountsreceivable@smg3.com

If using card previously used please provide the following information:

Quote# _____ Last 4 digits of CC _____ Exp. Date _____

Name on Card _____ Sales Tax: ___ Taxable ___ Exempt