



9474 Chesapeake Drive, Suite 907 • San Diego, CA 92123

Phone: (858) 384-7287 Fax: (858) 384-7441

**CREDIT CARD AUTHORIZATION**

Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount \$ \_\_\_\_\_

I authorize **Amazon SD, Inc.** to charge my credit card the amount above for products received or to my open balance.

Cardholder's Signature: \_\_\_\_\_

Salesperson's Initials: \_\_\_\_\_