

STATE COLLEGE DISTRIBUTORS

1620 S. STATE COLLEGE BLVD. ANAHEIM CA 92806

TEL. (714) 935-0533 FAX (714) 935-0538

CREDIT CARD AUTHORIZATION UPON COMPLETION FORM

Please complete and return this form.

Cardholder Name: _____

Credit Card Billing Address: _____

Credit Card # _____

Expiration Date: _____

CVV/CVC2 #: _____

FOR VISA AND MASTERCARD: This number is printed on your MasterCard & Visa cards in the signature area of the back of the card. (it is the last 3 digits AFTER the credit card number in the signature area of the card).

FOR AMERICAN EXPRESS: You can find your four-digit card verification number on the front of your American Express credit card above the credit card number on either the right or the left side of your credit card.

Card Type (check):

MasterCard Visa Discover American Express Other: _____

Amount: _____

Order Ref. /Invoice # _____

I UNDERSIGN, HEREBY AUTHORIZE **STATE COLLEGE DISTRIBUTORS** TO CHARGE MY CREDIT CARD UPON SIGNING PROJECT APPROVAL SIGN OFF SHEET WITH NO FURTHER APPROVAL NEEDED.

Signature: _____ Date: _____

Please fax back this form along with a copy of valid driver's license or DMV ID to (714) 935-0538. Note: Identification needs to match cardholder's name.

We appreciate your business and we thank you for supporting our efforts against credit card fraud.