



S & S Supply Ltd  
1281 Topsail Road  
Mount Pearl, NL  
A1N 5G3

## CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize **S & S Supply Ltd** to make the charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

I, \_\_\_\_\_, authorize S & S Supply Ltd to charge my credit card  
(Full Name)

for \$ \_\_\_\_\_ on \_\_\_\_\_.  
(Amount \$) (Date)

This payment is for \_\_\_\_\_.  
(Description of Goods/Services)

### Billing Information

Billing Address \_\_\_\_\_

Phone # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

### Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex
Cardholder Name	_____	
Card Number	_____	
Exp. Date	____ / ____	
CVV	_____	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_