



# SANDPIPER SUPPLY

4101 Bull Street ◆ Savannah, GA 31405 ◆ Phone (912) 236-3351 ◆ Fax (912) 236-3122

## Credit Card Authorization Form

Please complete and sign this form to authorize Sandpiper Supply Inc. to make a one-time charge to you credit card listed below. All information will remain confidential.

Cardholder Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Card Type: ( ) Visa ( ) MasterCard ( ) Discover ( ) Amex

Card Number \_\_\_\_\_

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

Security Code (3 Digits for Visa, MC or Discover, 4 digits for Amex): \_\_\_\_\_

Amount to charge: \_\_\_\_\_

Copy of receipt emailed \_\_\_\_\_ or faxed \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_ Keep on file for future purchases

I authorize Sandpiper Supply, Inc. to charge the agreed amount listed above to my credit card indicated above. I certify that I am an authorized user on this card amount and will pay for this purchase in accordance with the issuing band cardholder agreement.

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

Print Name and Title: \_\_\_\_\_