

**STS LLC**  
**CREDIT CARD PAYMENT AUTHORIZATION**

By signing this form, the buyer gives STS LLC authorization to charge the credit card below for merchandise ordered by the following company until otherwise notified by the undersigned. The card holder authorizes STS LLC to keep the information below on file so that STS LLC may process these orders.

COMPANY NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**BILLING INFORMATION**

MASTERCARD      VISA              DISCOVER              AMEX

CARD # \_\_\_\_\_

EXPIRATION \_\_\_\_\_

CVV CODE \_\_\_\_\_ (3 control digits from back of card)

CARD HOLDER'S NAME (PRINT) \_\_\_\_\_

CARD HOLDER'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_