



One Time Credit Card Payment Authorization Form

Please sign and complete this form to authorize Smardan Supply Co® to debit your credit card listed below one time.

By signing this form, you authorize us to debit your account for the amount indicated on or after the indicated date. This permission is for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Holder Name	_____		
Account Number	_____		
Expiration	_____		
CVV2 (3-digit number on the back of Visa/MC, 4 digits on front of AMEX)	_____		

Amount to be Charged: \$ _____

Goods and Services provided: Dues and/or Fees Store purchase Advertising
Billing Address:

Street: _____

City, State, Zip _____

Phone # _____

Email _____

SIGNATURE OF THE CARDHOLDER _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. The payment authorization is for the good/service described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this credit card and will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

Family owned and operated since 1930

www.smardan.com