## GORDON SINCLAIR®

## Credit Card Payment Authorization

Please complete the following form, then submit to <u>ar@gordonsinclair.com</u> All credit card payments will incur a 3% processing fee.

Date:	Company Name:	
Customer #:	Contact:	
Phone #:	Email Address: Payment receipt will be sent to this email address	
Name on Credit Card:		
Card #:	Exp Date:	Security Code:
Amount of Payment:	Invoice # to be Paid:	
Billing Address that cre	edit card bills to (including	g zip code):
the products requested, a	, understand the company pomy credit card account in the pplicable taxes and shipping & and conclair's policies, terms and con	amount of \$ for & handling charges. I agree
•	d holder, I also authorize Gordo hases verbally approved by m No	9 ,
•	rm helps us to protect you, ou Sinclair will keep all informatic	