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Contact Name	:
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Company/Store Name:

FEIN:

Phone:

Fax:

Email:

I authorize SolarX Eyewear LLC to charge the following credit card for any and all orders shipped by SolarX Eyewear to the above company/store name. This authorization will serve as authorization for all orders placed by the above company/store name which will indicated credit card payment as the form of payment on the SolarX Eyewear order/packing slip/invoice. The shipping address will be indicated on the SolarX Eyewear order/packing slip/invoice.

The person authorized to make purchases on the following card is:

Name on Credit Card:

Cardholder Signature:

Billing Address:

City, State & Zip Code:

Credit Card Type & Number

**Expiration Date:** 

Security Code:

For any questions, please call 1-866-298-0433. Return this form by email to: alexis@spxbrands.com, by fax to: 440-238-6183 or by mail to: 14850 Foltz Industrial Pkwy, Strongsville, OH 44149.

Last Revision: 7/29/2019