SIPAHI HUNTING AND TACTICAL INC

Payment Authorization Form

SECTION 1 - Merchant Information

Merchant name: SIPAHI HUNTING AND TACTICAL INC.
Merchant address: 418 Cranes Landing ct. Jacksonville , FL 32216_
Merchant phone number: +1 609 481 71 02 Email address: info@sipahiusa.com

SECTION 2 - Authorization Agreement

Card holder name: I, _____, authorize *SIPAHI HUNTING AND TACTICAL INC.* to charge my:

- ❑ Credit card
- ❑ debit card
- ❑ Paypal

- each time Marchand will be send invoice to my own email for approve. This is my approved email address _____
- *%3 processing fee will apply for payment.*

Customer Business name: _____

Billing address: _____ Zip code: _____

Credit Card Information - if charging a credit or debit card

Card type (select one):

- ❑ MasterCard
- ❑ Visa
- ❑ American Express
- ❑ Discover
- ❑ Other: _____

Card number: _____ Expiration date (MM/YYYY): _____

***** Please note, **we don't self charge** your credit card usually we will send payment link from processing company, you will check and pay.

****** Please **DONT WRITE CVV!!** If need, You will be contacted via the phone number you provided to request for your card CVV in compliance of PCI standards**.**

***** Must attach** with this form credit card picture front face (without CVV) and Credit card holder driver license.
Email : info@sipahiusa.com

CARD HOLDER SIGN