

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 inform	mation below:		
Account Type: 🗆 Visa	Master Card		□ Discover
Card Holder Name			
Account Number			
Expiration			
CVV2 (3-digit number on	the back of Visa/MC, 4 di	gits on front of AMEX) _	
Amount to be Charged: \$_			
Goods and Services provid Billing Address:	ed: Dues and/or	Fees Store purchase	e \Box Advertising
Street:			
City, State, Zip			
Phone #			
Email			
SIGNATURE OF THE CA	RDHOLDER	DAT	ГЕ

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

Family owned and operated since 1930

corresponds to the terms indicated in this form.

www.smardan.com

 810 E. Mason Street
 14009 Halldale Avenue

 Santa Barbara, CA 93103
 Gardena, CA 90249

 PH: 805-963-8991
 PH: 310-532-5260

 Fax: 805-966-3586
 Fax 310-532-2567

17273 Mt. Hermann St Fountain Valley, CA 92708 PH: 714-545-6912 Fax: 714-545-3496

 257 Tank Farm Road
 262 W Alameda Avenue

 San Luis Obispo, CA 93405
 Burbank, CA 91502

 PH: 805-543-0664
 PH: 818-845-2477

 Fax: 805-543-0810
 Fax: 818-955-8248