



Credit Card Authorization Form

Due to safety reasons we accept credit card payments by fax only. Please follow the instructions given below:

We require the CVV code which is the three digit code on the back of Visa and MasterCard, and the four digit code on the front of an American Express card. Fax the copy of your credit card and/or passport/driver license with this signed Authorization form to our fax number above.

Cardholder's name: _____

Billing address: _____

State: _____ Zip Code: _____

I hereby authorize Service First Merchandise Inc. to charge 50% deposit amount to USD \$ _____ And the balance will be charged upon delivery including freight and sales tax.

Visa Card MasterCard American Express

Card Number: _____ CVV code: _____

Cardholders name as it appears on the card: _____

Expiration date: _____

Payment for (Invoice number or PO number): _____

Signature of Cardholder: _____

Today's date: _____

THANK YOU, FOR YOUR BUSINESS AND WE LOOKING FORWARD TO GROWING WITH YOUR BUSINESS!