

PO Box 4299, Torrance, CA, 90510 (310) 833-5858 Lacountysandbags.com kathie@lacountysandbags.com

CREDIT CARD AUTHORIZATION FORM

Authorization for your card to be kept on file - You authorize the below card to be charged and kept on file for purchases made at LA County Sandbags only. All charges require your prior approval of materials ordered. You will be provided with an estimate to approve along with the total amount your card will be charged. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. If you no longer wish to keep this card on file, please notify us.

, authorize <u>LA County Sandbags</u> to charge my (Full Name)			
Credit Card below for \$(Amount \$)			
his payment is for the following:(Description of Goods/Services)			
Billing Information	(DC301	iption of Goods/	oci vioca)
Billing Address		Phone #	
City, State, Zip	Email		
CREDIT CARD INFORMATION			
Card Type: □ Mastercard □ VISA □ Discover □ AMEX □ Other			
Cardholder Name:			
Card Number (#):			
Expiration: (mm/yy)	CVV:	Cardho	lder ZIP:
CARDHOLDER SIGNATURE I understand that this authorization will remain in echarge the credit card indicated in this authorization authorization form allows LA County Sandbags to customer for materials purchased at LA County Scholiday, I understand that the payments may be expected to the card and that I will not dispute the payments may be corresponds to the terms indicated in this form.	on form according to keep this credit car andbags only. If the xecuted on the next	o the terms outline od on file for future a above noted pay t business day. I c	ed above. This payment purchases approved by the ment dates fall on a weekend or certify that I am an authorized user
AUTHORIZED SIGNATURE		DATE	
PRINT NAME			