



820 S. Palm Avenue #15 • Alhambra, CA 91803 USA

Return this completed form to [accounting@sealinnovations.com](mailto:accounting@sealinnovations.com)  
or fax 626.282.7324

### Credit Card Payment Authorization Form

Sign and complete this form to authorize Seal Innovations, Inc. to debit the credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. A 3% convenience fee is added to the total sale after shipping charges, taxes or any other costs associated with the sale are applied. Quantity variations of +/-10% are standard unless noted otherwise by Seal Innovations, Inc. in writing. This means that your card may have an additional debit or credit applied at the time your order is ready to ship or thereafter. If your order is not shipped collect shipping charges will be added.

**Please complete the information below:**

I \_\_\_\_\_ authorize **Seal Innovations, Inc.** to charge my credit card.

Total amount to be charged to my credit card (including 3% convenience fee) \_\_\_\_\_ I wish to have my order shipped collect via \_\_\_\_\_ (Carrier Name) Please use account number \_\_\_\_\_ for collect billing.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: Visa  Mastercard  AMEX  Discovery

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.