

# Credit Card Authorization Form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

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

Card Identification Number: \_\_\_\_\_ (last (3) digits located on the back of the credit card (Amex (4) on front)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize Seal Innovations, Inc. to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Quantity variations of +/- 10% are standard unless noted otherwise in writing by Seal Innovations, Inc. This means that your card may have an additional credit or debit applied at the time your order is ready to ship. If your order is not shipped collect, shipping charges will be added.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_