



Credit Card Payment Authorization

Sign and complete this form to authorize the merchant below to make a one-time charge to your 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. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize STAT PLUMBING SUPPLY to charge my Credit

Card Account indicated below for \$ _____ on _____ (Date).

Invoices Being Paid: _____

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

☐ - Visa ☐ - MasterCard ☐ - AMEX ☐ - Discover

Cardholder's Name - _____

Credit Card Number - ____ - ____ - ____ - ____

Expiration Date - ____ / ____

Security Code (CVV) - ____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Individual's Signature _____ **Date** _____

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE/PASSPORT

