



## SUPREME SEAT COVERS

12105 SW 129<sup>TH</sup> COURT, BAYS 10 & 11, MIAMI, FL 33186  
TEL: 305-256-2986 FAX: 305-256-8278

### CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, HEREBY AUTHORIZE SUPREME SEAT COVERS TO CHARGE MY:

- VISA
- MASTERCARD
- DISCOVER

CARD NUMBER: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_

CID (Card Identification) NUMBER: \_\_\_\_\_

AMOUNT AUTHORIZED TO CHARGE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SHIP TO (If Different): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IN SIGNING THIS FORM, I (WE) AUTHORIZE SUPREME SEAT COVERS TO CONDUCT THE CORRESPONDING TRANSACTION. I (WE) CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. FURTHER, I (WE) AGREE THAT, IN THE EVENT OF DISHONORED CREDIT, TO PAY THE AMOUNT IN FULL ON DEMAND ALONG WITH ANY AND ALL FEES ASSOCIATED WITH THE COLLECTION OF SAME DEBT.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

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