



## CREDIT CARD AUTHORIZATION FORM

### Credit Card Information

Credit Card Type:     American Express         Visa         Master Card

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

Expiration Date: \_\_\_\_\_ Security Code(\*) \_\_\_\_\_

(\*) VISA® and MASTERCARD® card's security code is the CVV2 code (last 3-digit printed on Signature field) which appears on the back of the card.

### Billing Information

Cardholder's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Terms & Conditions

1. You are providing Superior Mix Corp. with a blanket authorization to bill to this credit card any orders that you place and you accept our terms and conditions of sale.
2. Only you can terminate the use of this credit card with 5 days advance notice to Superior Mix Corp.

### Payment Description

Total Amount to be charged: \_\_\_\_\_

Please Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Your Name and Title Here: \_\_\_\_\_

**Please Fax a Copy of Front And Back Of Credit Card**

**Return Via Fax To: (305) 887 - 0091**

**SUPERIOR MIX CORP.**

**6945 NW 53 TERR. MIAMI, FL. 33166 OFF: 305.887.0030 FAX: 305.887.0091**