



### Credit Card Payment Authorization

SourcingPoint Solutions accepts Visa, MasterCard and American Express card payments. Just complete the form below and fax it back to us. We will charge your credit card for the invoice(s) you reference.

**Fax to:** 714-636-3320 (fax preferred)  
**Mail to:** SourcingPoint Solutions  
Attn: Credit Card Processing  
P.O. Box 2379  
Garden Grove, CA 92842

Please indicate below if you wish to charge all future invoices to your credit card.



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### Credit Card Payment Authorization

Company Name: \_\_\_\_\_ Client Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Cardholder Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ - \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

CC Authorization code (from signature bar on back of card): \_\_\_\_\_

Card Type (circle):            VISA                            American Express            MasterCard

Charge all future invoices? \_\_\_\_\_ Yes \_\_\_\_\_ No

If left blank or unchecked, we will not charge future invoices to the credit card number provided.

I hereby authorize SourcingPoint Solutions to charge payment for all authorized products to my credit card as referenced herein above. If I have checked to charge all future charges for products ordered to the credit card referenced herein above, I understand that my credit card will be charged automatically for the cost of all services and products ordered by myself or my authorized designee. According to the merchant and cardholder agreements, I recognize that this amount can only be charged to me as SourcingPoint Solutions' direct client, and cannot be charged to any other parties. By signing below, I am agreeing that I am the person whose name and information appears above.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_