



SUN STATE
MERCHANT SERVICES LLC

SUN STATE MERCHANT SERVICES, LLC
6900 E PRINCESS DR SUITE #2256 PHOENIX, AZ 85054
PHONE 877.3.SUNSTATE (877.378.6782)

Fax (877) 580.7769

Cust. Code _____

CREDIT CARD AUTHORIZATION FORM

Company Information

1 LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation list full corporation name). _____

2 Physical Business Street Address (No P.O. Boxes) _____

2 City _____ State _____ Zip _____

2 Business Phone () _____ Fax No. () _____

Credit Card Information

3 **VISA** _____ Exp Date: / _____
Credit Card Number month/year

3 **MASTERCARD** _____ Exp Date: / _____
Credit Card Number month/year

3 **DISCOVER** _____ Exp Date: / _____
Credit Card Number month/year

4 Name, *exactly* as it appears on the card: _____ * 3 digit # on the back of credit card

Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Company).
If this address is not correct it will delay the shipping of your merchandise.

5 Street _____ City\State _____ Zip _____

***** Important *****

If you intend for another individual to place orders and pay using your credit card, you must give them authorization on this form. Please list the names of those individuals that are authorized to use your credit cards as payment for merchandise. No other individuals will be allowed to request that these credit cards be used for payment.

6 Authorized User #1: _____

Authorized User #2: _____

Authorized User #3: _____

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individuals to use these cards for purchases from Sun State Merchant Services, LLC. Further, I authorize my credit card company to accept and to charge to my account for purchases initiated by the above named individuals. This authorization allows Sun State Merchant Services, LLC to continue to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing.

7 X _____ X _____
Signature of Card Holder DATE Print Name Here DATE

Please fax back to SUN STATE MERCHANT SERVICES at 877.580.7769