



Credit Card Payment Authorization

Please complete this form and fax to 917-464-6720 or email to billing@scsco.com

Company Name (if applicable): _____

Credit Card Holder Name (exactly as it appears on the card): _____

Credit Card Billing Address: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card 3-Digit Security Code (as shown on the reverse of the card): _____

Credit Card Type: MasterCard
 Visa
 Other (please specify)

Service / Product Description: _____

Licensee: _____

Charge Amount \$: _____

I authorize Support Center Services to charge my credit card the amount specified above for the services and / or product described. I acknowledge that I am subject to a \$25.00 reject fee if items are returned due to insufficient funds. I will not dispute merchant charging of my credit card, so long as the amount corresponds to the amount specified in this authorization.

Authorized Signature: _____

Print Name: _____

Title/Position: _____ Date: _____