

# Authorization for Credit Card Use

Please complete and sign and return to:

[Chris@shipslc.com](mailto:Chris@shipslc.com)

Name on Card:

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Billing Address:

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Card type:      Visa       Mastercard       Discover       Amex

Card # :

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Expiration Date:

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Verification CVV Number

(Amex 4 digits on Front, all others 3 digits on back):

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Please Check one:

Amount to Charge (USD) \$

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Automatically charge my card within 7 days from invoice date.

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I authorize SLC Nationwide, Inc to charge the amount above to the credit card provided herein. I am the cardholder, or I am authorized to make charges to the credit card provided above.

Signature:

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Date

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Print Name:

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