



Date: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Customer Account Name: \_\_\_\_\_

Dear Valued Customer,

Please confirm that the following information is accurate and you are a willing participant in SRS Acquisition Corporation and affiliated companies charging the following credit card: In addition, you acknowledge that no discount will be offered when paying via credit card:

Type of Credit Card:    **MASTERCARD**    **VISA**    **DISCOVER**    **AMEX**

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

Expiration Date: \_\_\_\_\_/\_\_\_\_\_      Security Code (on back of card) \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address of Credit Card Statement: \_\_\_\_\_

I.D. Verification/Driver License #: \_\_\_\_\_ Amount: \_\_\_\_\_

Description of Merchandise or Reference/Invoice #: \_\_\_\_\_

Ship-To Address (if applicable): \_\_\_\_\_

If you agree with the above information, please sign below and fax back to (469) 424-2209

*We ask that a copy of your driver's license and the front and back of the credit card be included w/the authorization form. Please be assured that this information will be kept in a secure file to be sure that this information is confidential.*

Signature of Card Holder: \_\_\_\_\_