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33320 Mission Trail • Wildomar, CA 92595

## Credit Card Payment Authorization

Business Name: \_\_\_\_\_ Invoice/P.O.: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ph#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Descriptions: \_\_\_\_\_

I authorize Sedco Pier Inc. to charge my credit card on this date \_\_\_\_/\_\_\_\_/\_\_\_\_.

The total charge to my credit card including all taxed and other charges

will be: \$ \_\_\_\_\_

Type of Card:  MasterCard  Visa  Discover

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

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ V-Code: \_\_\_\_\_ (located on back of card in signature block, last 3 digits)

Address ( where bills are sent ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of authorization: \_\_\_\_\_ Date: \_\_\_\_\_

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*Thank You*