



Credit Card Authorization Form

Company Name:
Street Address:
City, State, Zip:
Cardholder's Name As It Appears on Card:
Driver's License No: State Issued:
Address Cardholder Receives Credit Card Bill:
Phone Number:
Cardholder or Authorized Party for Serious Grip to Contact:

I, _____ hereby authorize by my signature below, purchase(s) and/or rental(s) of merchandise from Serious Grip and Electric Inc. to be charged to my:

Card Type: _____, Card No. _____

Expiration Date: _____, Security Code: _____

Your Signature _____ Date: _____

A photocopy or scan of both sides of the credit card and driver's license must accompany this form.