

**Sacramento Cash and Carry**

**1160 Tara Ct, Ste A**

**Rocklin CA 95765**

**P: (916) 221 - 4313**

**F: (916) 771 - 2200**



**Credit Card Payment Authorization Form**

In order to protect our customers and ourselves from fraud, it is necessary to fill out this form COMPLETELY, and provide a COPY OF VALID ID. You may cancel this authorization at any time by contacting us.

<b>CREDIT CARD INFORMATION</b>	
<b>Credit Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Cardholder Name (as shown on the card):	
Card Number:	
Expiration Date:	
CVV:	
Cardholder Signature:	Date:
I authorize the billing of all transactions incurred by SACRAMENTO CASH AND CARRY to the credit card indicated in this authorization form according to the terms outlined above. I agree to all terms and conditions set forth by Sacramento Cash & Carry that ALL SALES ARE FINAL. By signing this statement, I relinquish the right to dispute the charge.	
<b>Credit Card Billing Address</b>	
Street Address:	
City:	
State:	Zip/Postal Code:
Phone #:	Fax #:
<b>Authorization Levels</b>	
<input type="checkbox"/> I authorize Sacramento Cash and Carry to charge my card for this order only. Please call for new orders.	
<input type="checkbox"/> I authorize Sacramento Cash and Carry to keep my card on file and charge my card for this order and any future orders.	