

# SPARTAN SURFACES

## One Time Credit Card/Electronic Check Payment Authorization Form

Sign and complete this form to authorize Spartan Surfaces Inc. to make a onetime debit to the credit card or bank account listed below.

Please fill out this form completely, and return by fax or email at 410.838.7619 or [accounting@spartansurfaces.com](mailto:accounting@spartansurfaces.com).

Payments submitted after 3pm EST will be processed the next business day.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

### Please complete the information below:

I \_\_\_\_\_ authorize Spartan Surfaces Inc. to charge my credit card/bank account  
(full name)

indicated below for \$\_\_\_\_\_. I acknowledge that a 2% processing fee will be added for payments  
(amount)

made via credit card. This payment relates to Invoice/Sales Order # \_\_\_\_\_.

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email (optional) \_\_\_\_\_ (for electronic receipt)

<b>Credit Card</b>	Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX* <input type="checkbox"/> Discover
	Cardholder Name _____ Expiration Date _____
	Cardholder Address _____ (if different than address listed above)
	Account Number _____ Security Code _____
<i>*Please note – due to regulations, set by American Express, orders with a future shipping date later than three days of payment date cannot be paid via an American Express card.</i>	

<b>echeck</b>	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings        Financial Institution _____
	Routing Number _____ Account Number _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize Spartan Surfaces Inc. to charge the credit card or bank account indicated in this authorization form according to the terms outlined above. This payment authorization is for the sales order/invoice number, for the amount indicated above, and is valid for one time use only. I certify that I am an authorized officer and/or signer of the above account and that the charge will not be disputed; so long as the transaction corresponds to the terms indicated in this form.