



CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other_____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

CUSTOMER AUTHORIZATION

Please sign below to confirm that you are authorizing **S & M Wholesale LLC DBA General Goods** to begin transferring payment from your above listed credit card for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Authorized Signature

Title

Date