



SAMUEL & SONS

CREDIT CARD AUTHORIZATION

<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	
Date:			
Company Name:			
S & S Account # (if known)			
Order # (if known)			
Charge Amount \$:			
Name as appears on card:			
Credit Card #:			
Expiration Date:			
Credit Card Billing Address:			
City:	State:	Zip Code:	Phone:

Signature _____

I authorize payment on my Visa, MasterCard or American Express Credit Card