

CREDIT CARD AUTHORIZATION



TO _____ FROM _____

COMPANY _____

*THE FOLLOWING CREDIT CARD INFORMATION WILL BE USED BY
STREETCORNER DISTRIBUTION FOR THE PURCHASE OF SKATEBOARD &
SKATEBOARD ACCESSORIES ONLY.*

CARD INFO

VISA/MC ACCOUNT # _____

EXP. DATE _____

ACCOUNT BILLING NAME _____

ACCOUNT BILLING ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

*APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS.
APPLICANT AGREES TO PAY REASONABLE ATTORNEY FEES PLUS INTEREST IN CASE OF DEFAULT IN PAYMENT IN COMPLIANCE WITH OUR TERMS.
APPLICANT GUARANTEES TO PAY THE CHARGES INCURRED IF THE COMPANY SHOULD FAIL TO DO SO.*

PRINT ACCOUNT NAME _____ ACCOUNT SIGNATURE _____

DATE _____