US Sander LLC

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(866) 877-2637, Fax (518) 875-9942
Text: (518) 290-6124 Email: sales@ussander.com

Credit Card Authorization and Consent Form

Please complete all fields and attach a copy of your driver's license. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

All information must match what is on file with your credit card company.

Card Holder's Name: _____
Company Name:_____
Card Holder's Phone: _____
Card Holder's Email: _____
Credit Card Billing Address:_____
Card Billing City, State Zip:_____
Credit Card Shipping Address: _____
Card Shipping City, State Zip: _____
Drivers License State & Number (remember to send copy):_____

Credit Card Type: __ M/C __ Visa __ Amex __ Discover - Other:_____
Credit Card Number:_____
Expiration Date: _____/_____
Security Code on back of card (Amex 4 digits on front): _____
Credit Card Customer Service Phone Number (on back of card):_____

I, _____, authorize US Sander LLC to charge my credit card above for agreed upon purchases. I affirm I am the owner of the reference card and that my name is listed on the front of the credit card. I understand that my information will be saved to file for future transactions on my account.

_____ _____
Card Holder Signature Date

This information is confidential. Please complete and return by Fax, Email, or Text.

Office Use - Customer #:_____ Date Called CC:_____ Info Match:_____