CREDIT CARD AUTHORIZATION FORM

Phone 805-681-7446



	(Name of Com	npany/Firm)
hereby authorize Santa Barbara Sigi	ns to charge the follow	ving bank credit card number for payment of invoices
Card Number:		Exp. Date:
Card Type (Circle): MC	Visa Amex	Security Code:
Cardholder's Name:		
Address:		
City:	State:	Zip:
Phone Number:	Fax Numb	er:
following events take place: writing by ei	: I) until the expiratior ther Santa Barbara Sig	Signs shall remain in effect until whichever of the date on the subject card 2) Until revoked in ns or the above company/firm.
following events take place: writing by ei It is the responsibility of the com	: I) until the expiration ther Santa Barbara Sig	n date on the subject card 2) Until revoked in ns or the above company/firm. e to file a new authorization form when a card has
following events take place: writing by ei It is the responsibility of the com	: I) until the expiration ther Santa Barbara Sig pany/firm named abov Barbara Signs in writir	n date on the subject card 2) Until revoked in ns or the above company/firm. e to file a new authorization form when a card has ng when a credit card has been canceled or revoked.
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