

Single Transaction Credit Card Authorization Form

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information on this form will be kept strictly confidential by our company.

The SoCo Group a division of SC Commercial, LLC has the right to refuse service if the Credit Card listed below is declined.

COMPANY NAME: _____

CUSTOMER ACCT#: _____

INVOICE NUMBER(s)#: _____

CARDHOLDER NAME: _____

CARD BILLING ADDRESS _____

City _____ State _____ Zip _____

CARDHOLDER PHONE # _____

CARD TYPE: VISA Master Card AMEX DISCOVER

CARD NUMBER: _____ EXP DATE: _____

SECURITY CODE: _____

BANK PHONE # ON THE BACK
OF THE CARD: _____

SUB TOTAL: \$ _____ -

3% CONVENIENCE FEE: \$ _____ -

TOTAL AMOUNT TO CHARGE \$ _____ -

I understand this charge will appear on my credit card statement under the name of "The Soco Group" I agree to all terms and conditions as outlined above and authorize The Soco Group to pre authorize and then charge my credit card account upon delivery. I agree that I will not dispute any charges from "The Soco Group" unless I have already attempted to rectify the situation directly with "The Soco Group" and those attempts have failed.

I GUARANTEE THAT I AM THE LEGAL CARDHOLDER FOR THIS CREDIT CARD, AND THAT I AM LEGALLY AUTHORIZED TO ENTER INTO THIS BILLING AGREEMENT WITH "THE SOCO GROUP"

Signed: _____

Dated: _____