

Credit Card Authorization Form

The Sunshine Lighter Co.

730 Glades Ct, Port Orange, FL 32127
Phone: (386) 322-1300 Fax: (386) 788-0609
Email: sales@sunshinewholesale.com

Please print this page, complete all fields & return to us.
You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Company Information

Contact Name:

Company Name:

Street Address:

City/State/ZIP:

Phone:

Email:

Credit Card Information

Card Type: MasterCard VISA Discover AMEX Other _____

Cardholder Name (as shown on card) :

Card Number:

Expiration Date (MM/YY):

CVC:

Billing Information

Street Address:

City:

State:

ZIP:

I, _____, authorize The Sunshine Lighter Co. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature:

Date:

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