



**SUPREME SEAT COVERS**

12105 SW 129<sup>TH</sup> COURT, BAYS 10 & 11, MIAMI, FL 33186  
TEL: 305-256-2986 FAX: 305-256-8278

**WHOLESALE - CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_ (Officer/Agent) of \_\_\_\_\_,  
(Company) HEREBY AUTHORIZE SUPREME SEAT COVERS TO CHARGE MY:

- VISA
- MASTERCARD
- DISCOVER
- AMEX

CARD NUMBER: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_

CID (Card Identification) NUMBER: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

SHIP TO (If Different): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IN SIGNING THIS FORM, I (WE) AUTHORIZE SUPREME SEAT COVERS TO CHARGE ALL OPEN \_\_\_ DAILY \_\_\_ MONTHLY INVOICES FOR THE TOTAL AMOUNT DUE PLUS A 3% PROCESSING FEE. I (WE) CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. I (WE) AGREE THAT, IN THE EVENT OF DISHONORED CREDIT, TO PAY THE AMOUNT IN FULL ON DEMAND ALONG WITH ANY AND ALL FEES ASSOCIATED WITH THE COLLECTION OF SAME. FURTHER, I ACKNOWLEDGE TO BE OF FULL AUTHORITY TO LEGALLY ENTER INTO THIS AGREEMENT ON BEHALF OF MYSELF AND THE ABOVE NAME COMPANY.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_