

CREDIT CARD AUTHORIZATION

COMPANY NAME: _____ PHONE: _____

NAME ON CARD: _____ FAX: _____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

RECURRING PAYMENT: _____

ONE TIME PAYMENT: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ CID NUMBER: _____

CARD BILLING ADDRESS: _____

THIS AUTHORIZES SIMS GLOBAL SOLUTIONS TO CHARGE THE AMOUNT OF: \$ _____

FOR INVOICE #(s) _____

I have read and agree to all terms and conditions on this page, as well as the terms and conditions of Sims Global found on www.simsglobalsolutions.com, or any other document that accompanies this agreement. I certify that I am the authorized account holder for this Credit Card. I understand this is a legal and binding agreement between Sims Global and the card holder.

AUTHORIZED SIGNATURE: _____ DATE: _____

****There is a 3.5% convenience fee for Visa, MasterCard, Discover and American Express cards.****

PLEASE SIGN & RETURN TO SIMS GLOBAL SOLUTIONS

EMAIL: TORIA@SIMSGLOBALSOLUTIONS.COM