

CREDIT CARD AUTHORIZATION

COMPANY NAME:			Phone:	
NAME ON CARD:			Email:	
VISA	MasterCard	American Expre	SS	DISCOVER
Recurring Payment: One Time Payment: Card Number:				
Expiration Date:		CID NUMBER:		-
CARD BILLING ADDRESS:				
This authorizes Sims GL	OBAL SOLUTIONS TO CHARG	E THE AMOUNT OF:		
FOR INVOICE #(s)				
There is a 39	% convenience fee for Visa, M	lasterCard, Discover	and American Ex	press cards.
	orize SIMS GLOBAL SOLUTIONS lus the additional 3% credit car ons on my account.			
Authorized Signature:			DATE:	
www.simsglobalsolutions	all terms and conditions on this p .com, or any other document tha edit Card. I understand this is a lega	t accompanies this agre	eement. I certify tha	t I am the authorized

PLEASE SIGN & RETURN TO SIMS GLOBAL SOLUTIONS

EMAIL: clientsetup@simsglobalsolutions.com