



75 INDUSTRIAL PARK DRIVE
 ROGERSVILLE, TN 37857-2100
 P: 800-258-8273

CREDIT CARD AUTHORIZATION FORM

FAX # 941-256-0054

*****Please remember to never email your credit card information*****



Instructions:

1. Complete the form, by printing legibly with a dark pen, all billing and shipping information in the blanks below. The Customer Information and Credit Card information may be completed in Word.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form back to our secure fax machine at 941-256-0054 to complete your order.

CUSTOMER INFORMATION

Company Name		dba		Date	
Mailing Address		City		State	Zip
Shipping Address		City		State	Zip
Primary Contact:	Title	Phone		Fax	
Email (required for receipt)	Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			Year Established:	

CREDIT CARD INFORMATION

Card Type <input type="checkbox"/> Visa  <input type="checkbox"/> MasterCard 		Account Number		Expiration Date	
Credit Card Holder Name (As It Appears on the Card)			CVV Code: (3 digit security number on Back of Card)		
Billing Address		City		State	Zip

CREDIT CARD USAGE

I authorize STA, LLC to keep this credit card on file for future purchases.

I certify all information provided to STA LLC is true and correct to the best of my knowledge and hereby authorize STA, LLC to charge the credit card as specified above for purchases made by me from STA, LLC.

 Authorized Signature

 Please Print Card Holder's Name Clearly

 Date

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