



75 Industrial Park Drive
 Rogersville, TN 37857-2100
 P: 800-258-8273 / 714-249-7888
 F: 800-235-8273 / 714-868-8696

CREDIT CARD AUTHORIZATION FORM

Completed form can be returned either via email to AR@sta-usa.com or fax to 941-256-0054.

For security purposes, if emailing please do not include the last 4 digits of the account number or the CVV (security) code. We will call you for this information.

CUSTOMER INFORMATION

Company Name		<i>dba</i>		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 Visa MasterCard Amex Discover		Account Number		Expiration Date	
Credit Card Holder Name (As It Appears on the Card)			CVV Code:		
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.