

**Sacramento Cash And Carry**  
**8801 Washington Blvd. #105**  
**Roseville, CA 95678**  
**P: (916) 221 – 4313**  
**F: (916) 771 - 2200**



### **Credit Card Recurring Payment Authorization Form**

In order to protect our customers and ourselves from FRAUD, it is necessary to complete the following:

Please fill out this form COMPLETELY, and provide a clear and enlarged copy of the front and back of your credit card, proof of identification, copy of valid driver's license or passport. If the shipping address is different than the billing address, it must be specified.

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#### **Please complete the information below:**

I \_\_\_\_\_ authorize Sacramento Cash And Carry to charge my credit card  
(full name)

indicated below on an on-going basis for current and future invoiced amounts not to exceed a

maximum amount of \$ \_\_\_\_\_ on or after \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa       MasterCard       Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the billing of all transactions incurred by SACRAMENTO CASH AND CARRY to the credit card indicated in this authorization form according to the terms outlined above. I agree to all terms and conditions set forth by Sacramento Cash & Carry that ALL SALES ARE FINAL. By signing this statement, I relinquish the right to dispute the charge