

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



Credit Card Payment Authorization Form

In order to protect our customers and ourselves from fraud, it is necessary to fill out this form COMPLETELY, and provide a COPY OF VALID ID. You may cancel this authorization at any time by contacting us.

CREDIT CARD INFORMATION	
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Cardholder Name (as shown on the card):	
Card Number:	
Expiration Date:	
CVV:	
Cardholder 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.	
Credit Card Billing Address	
Street Address:	
City:	
State:	Zip/Postal Code:
Phone #:	Fax #:
Authorization Levels	
<input type="checkbox"/> I authorize Sacramento Cash and Carry to charge my card for this order only. Please call for new orders.	
<input type="checkbox"/> I authorize Sacramento Cash and Carry to keep my card on file and charge my card for this order and any future orders.	