



# CREDIT CARD APPLICATION

<b>Company</b>		<b>Date:</b>	
		<b>Years in Business:</b>	
<b>Tax ID No.</b>		<b>Billing Address</b>	
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Fax No. (    )</b>		<b>Your SAY Sales Rep.</b>	
<b>Contact Person</b>	<b>Email</b>	<b>Phone (    )</b>	
<b>Billing Contact</b>	<b>Email</b>	<b>Phone (    )</b>	
<b>CREDIT CARD INFORMATION USED FOR PAYMENT OF CHARGES</b>			
<b>Name as it appears on card</b>		<b>Visa / MasterCard Discover /AMEX</b>	
<b>Credit Card Number</b>		<b>Exp</b>	<b>Security code on credit card</b>
<b>Card Holder Signature</b>			
<b>Billing Address of Credit Card</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	

**By signing below, is agreed that:**

- The charge can not be contested after 30 days
- The information on this form is complete and accurate
- A charge of \$25 will be assessed on any fees declined due to credit card over draft
- To pay all attorney, court and collection agency fees in the event of non-payment

Authorized Signature: \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_