



PAYMENT AUTHORIZATION FORM

INFORMATION

1. Please complete and submit this form.
2. Your preferred method of payment will only be debited after your order has been shipped.
3. We will automatically debit your purchases to your preferred method of payment unless we are notified otherwise by you. **IMPORTANT:** Any Change to the preferred method of payment which you desire us to debit from requires 30 days advance notice.
4. Credit memos for shortages, defective goods, returns etc. will be deducted from your next transaction.
5. You will receive a hard copy/credit memo for all debits to your account.

Please Note: In Addition to this form, you must sign and submit the top portion of the the Service Champ Credit Application.

Please choose a preferred method of payment below:

Checking Account Information:

Checking Account Number: _____

Routing Number: _____

Credit Card Information:

Type: Visa MasterCard Discover

Card Number: _____

Expiration Date: _____ Name on Card: _____

By Signing Below, I authorize Service Champ to charge my preferred method of payment for my purchases until I otherwise notify.

Your Signature: _____

Your Name: _____

Date: _____

Business Name: _____

Your Service Champ Account#: _____