



CREDIT CARD AUTHORIZATION FORM

SIGNS INTERNATIONAL DISTRIBUTOR CORP - SID SIGNS.
7956 NW 14th Street - Miami, FL 33126
Toll Free: 866-708-5656
Toll Free Fax: 866-708-7676

Business Name:	
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I, _____ hereby authorize "Signs International Distributor Corp" to make charges specified below to the credit card listed.

CREDIT CARD TYPE	CREDIT CARD NUMBER	EXPIRATION DATE

THE 3 DIGITS ON THE BACK OF THE CARD WHERE YOU SIGN:	
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NAME ON THE CARD: (exactly as printed on credit card)	
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CREDIT CARD BILLING ADDRESS:

Street Zip Code:

City State Country:

Authorized Sales Amount :

Signature _____ Date

Printed Name

Cardholder authorizes Signs International Distributor to retain the credit card number within our electronic customer information and billing systems. (otherwise customer must supply the number with each purchase): YES NO

Note: Signs International Distributor will not process any transaction unless this authorization is received. This is for your protection and ours. We truly appreciate your cooperation