

# S&M MUSIC INC.

520 Talbot Street, Suite 1409, London, Ontario N6A-6K4 ☎ (519) 204-5136 📠 Fax (519) 204-5136

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. S&M Music Inc. will keep all information entered on this form strictly confidential. Please print, complete and fax this form to us along with a clear photocopy of front and signature side of credit card being used.

## Credit Card Charge Authorization Sheet

### SECTION 1: THIS SECTION TO BE FILLED OUT BY CUSTOMER - PLEASE PRINT CLEARLY

\*COMPANY: \_\_\_\_\_ \*CONTACT NAME: \_\_\_\_\_  
\*MAILING ADDRESS: \_\_\_\_\_ \*EMAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ \*FAX NUMBER: \_\_\_\_\_  
\*TELEPHONE NUMBER: \_\_\_\_\_ \*All new customers must provide this information.

ALTERNATE SHIPPING ADDRESS (If different from credit card billing address):

\_\_\_\_\_  
\_\_\_\_\_

\*CUSTOMER MUST NOTIFY CREDIT CARD COMPANY OF ALTERNATE SHIPPING ADDRESS PRIOR TO RETURNING FORM

Name as it appears on Card: \_\_\_\_\_

Requested By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Card Type (Please Circle One):	Card Number	Exp. Date (MM/YY)
Visa	_____ - _____ - _____ - _____	___ / ___
Mastercard	_____ - _____ - _____ - _____	___ / ___

Charge Amount (CDN \$): \$ \_\_\_\_\_.

Cardholder Signature/Charge Authorization: \_\_\_\_\_

**If you prefer to use this credit card for all future orders, please complete the following:**

I, \_\_\_\_\_, authorize S&M Music Inc. to use the above referenced credit card for future orders

Cardholder Signature/Charge Authorization: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

### SECTION 2: THIS SECTION TO BE FILLED OUT BY S&M Music Inc. PERSONNEL ONLY

Acct/Cust No.: \_\_\_\_\_ Order Date: \_\_\_ / \_\_\_ / \_\_\_

Company Name: \_\_\_\_\_ Expected Ship Date: \_\_\_ / \_\_\_ / \_\_\_

Salesperson: \_\_\_\_\_ Sales Order No.: \_\_\_\_\_ Job No.: \_\_\_\_\_

### SECTION 3: THIS SECTION FOR S&M Music Inc. ACCOUNTING DEPARTMENT USE ONLY

Authorization Code/REF #: \_\_\_\_\_ Date Authorized: \_\_\_ / \_\_\_ / \_\_\_

Authorized By: \_\_\_\_\_ Invoice No.: \_\_\_\_\_

**Customer must complete section 1 and fax back to us as soon as possible, along with page 2. Customer's signature is required to process any credit card payments. Cover letter is not required. Fax - 519-204-5136**  
For your protection, please do not email this form.

Place Credit Card Here

Copy of ID showing your signature  
OR  
Copy of back of credit card