

Credit Card Authorization

Dear Customer,

Please complete all of the fields below.

Visa Mastercard Discover American Express (please circle one)

Credit Card # _____ Exp Date: _____ CVV: _____

Name as it appears on the card: _____ (Please print)

Billing address for credit card: _____

Company Name: _____

Telephone Number: _____

Cell Phone Number: _____

Fax#: _____

I authorize Sona Enterprises to **keep this credit card on file** and use for this order and all future orders unless an updated credit card authorization is submitted.

I authorize Sona Enterprises to only use this credit card for **this order** and will complete a new credit card authorization on my next order.

I certify that the information on this document is true and accurate. I understand that I am liable for any false statements or material omissions made on or in connection with this document. I agree additionally also to inform in writing of any and all changes that would affect the present or future validity of this document.

By signing below, I acknowledge charges hereon, payment in full to be made when billed or in extended payments in accordance with the standard policy of the company issuing the credit card.

Date: _____

Signature: _____

***PLEASE EMAIL TO CONTACT@SONAENTERPRISES.COM OR FAX BACK TO (562) 946-7662**