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## **Credit Card Authorization Form**

**\*\*Credit card payments will be charged a 3% processing fee\*\***

Date \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

(Where statement is sent)

\_\_\_\_\_

Shipment ID's and Amounts to be paid:

(More than 9 Please Attach Remittance Data)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Invoice Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date