

S4T CREDIT CARD AUTHORIZATION FORM

This form authorizes S4T Group to charge the following credit card account for services performed. Complete this form and **Fax** it to (561) 892-8077, **Email** info@s4tgroup.com or **Mail** it to the address below.

Business Name: _____

Individual Card _____ **or Business Card** _____ (please check one)

Cardholder Name: _____

Business name on card (if applicable): _____

Signature: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number _____

(last 3 digits located on the back of the credit card MC/Visa-4 digit front amex):



Amount Charged: \$ _____ (USD)

Fax, Email or send the authorization to:

S4T Group, LLC
9858 Glades Road #240
Boca Raton, Florida 33434 U.S.A.
Phone (954) 793-4082 Fax (561) 892-8077