



# Credit Card Authorization

Please fill in all areas prior to returning to Credit Department

Customer Name

Store Name

## Credit Card Statement Bill To Address

Address

Phone Number

Zip Code  City  State

Fax Number

Country

I, \_\_\_\_\_ of \_\_\_\_\_  
(Print name of owner or authorized card holder) (Company name)

Authorize SCANDIC FOOTWEAR to charge my credit card for all upcoming orders.

Type of Card (CHECK BOX):  American Express  Discover  Master Card  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_  
(Credit Card Holder/Authorized User)

This agreement authorizes payment of order(s) by credit card when goods are available to ship. Please note, this is pre-authorization to charge your credit card account noted above when shipping orders as merchandise becomes available. There will be no additional communications with regard to payments. The information provided above is true and correct. Customer is responsible for freight charges which will be estimated via UPS unless the customer provides a UPS shipper number. UPS shipper number here: \_\_\_\_\_

**This form MUST be mailed or submitted by email prior to a customer placing an order when paying by credit card. Any credit card orders that are received without this form will not be processed.**