



## Credit Card Charge Authorization

**Purpose:** Use this form to authorize STSS, Inc. to charge payments to a credit card. **Instructions:** Print or type. Fax completed form to 919-636-4705, or mail to PO Box 1158, Pittsboro, NC 27312.

Customers may also make payments directly via our website  
[www.stssinc.com](http://www.stssinc.com)

### CREDIT CARD

INFORMATION Client Name Billing Address  
Billing Phone/Email Invoice Number Event  
Reference/Date

### AUTHORIZATION

VISA AMERICAN EXPRESS Name as it appears on card

Card Number

MASTERCARD DISCOVER Card Expiration (MM/YY)

3 digit security code \$  
Amount to be charged

I authorize STSS, Inc. to charge the credit card  
listed.

**Authorized  
Signature Date**