

## One Time Credit Card/Electronic Check Payment Authorization Form

Sign and complete this form to authorize Spartan Surfaces Inc. to make a onetime debit to the credit card or bank account listed below.

Please fill out this form completely, and return by fax or email to 410.838.7619 or accounting@spartansurfaces.com. Payments submitted after 3pm EST will be processed the next business day.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:			
I	(full name)	authorize Spartan Surfaces Inc. to charge my credit card/	bank account
:al:	,	Lackway and another a 20% convenience for will be added for	
(amount)		I acknowledge that a 3% convenience fee will be added for	
made	via credit card. This payment relates	s to Invoice/Sales Order #	·
Company Name			
Billing	Address		
City, State Zip		Phone #	
Email (optional)		(for ele	ectronic receipt)
Credit Card	Account Type: Uisa	☐ MasterCard ☐ AMEX* ☐ Discover	
	Cardholder Name	Expiration Date	
	Cardholder Address	(if different than address listed above)	
	Account Number	Security Code	
echeck	Account Type:	Savings Financial Institution	
	Routing Number	Account Number	
SIGNA	TURE	DATE	

I authorize Spartan Surfaces Inc. to charge the credit card or bank account indicated in this authorization form according to the terms outlined above. This payment authorization is for the sales order/invoice number, for the amount indicated above, and is valid for one time use only. I certify that I am an authorized officer and/or signer of the above account and that the charge will not be disputed; so long as the transaction corresponds to the terms indicated in this form.