

SOUTH ATHLETICS INC

20424 N.E. 16th PLACE
NORTH MIAMI BEACH, FL 33179
PH: (305) 770 0505, FAX: (305) 770 3939
INFO@SOUTHATHLETICS.COM

CREDIT CARD AUTHORIZATION FORM

DATE: _____

CUSTOMER NAME: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS:

STREET: _____

CITY: _____ **STATE:** _____

ZIP CODE: _____ **COUNTRY:** _____

CREDIT CARD NUMBER: _____

EXP: _____ / _____

TYPE: ---VISA
---MC
---AX

V-CODE: _____

I AUTHORIZE SOUTH ATHLETICS INC. TO CHARGE THE ABOVE CARD

FOR ORDER CONFIRMATION/INVOICE# _____

FOR 50% NOW, BALANCE UPON SHIPPING \$ _____

FOR WHOLE INVOICE AMOUNT \$ _____

SIGNATURE: _____

NAME PRINTED: _____

THANK YOU.