



14815 Radburn Ave  
Santa Fe Springs, CA 90670  
P: 866 624 4968 F: 866 624 9662

**CREDIT CARD AUTHORIZATION**

**Attn: Accounts Receivable Dept.**      **Date:** \_\_\_\_\_

.....  
**I/we certify all information provided to OCI SitWell is true and correct to the best of my/our knowledge and hereby authorize OCI SitWell to charge the credit card specified above for purchases made by me/us from OCI SitWell [as itemized below].**

Invoice Date	Invoice #	Invoice Amt	Payment Amt

TOTAL INVOICE AMOUNT	\$
1% CONVENIENCE CHARGE	\$

**TOTAL CREDIT CARD PAYMENT**    \$ \_\_\_\_\_

.....  
**Credit Card Information**

**Cardholder Name:** \_\_\_\_\_

**CC Billing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Card Type:**    **VISA** \_\_\_\_\_    **M/C** \_\_\_\_\_    **Expiration Date:** \_\_\_\_\_    **Security Code** \_\_\_\_\_

***COPY OF CREDIT CARD REQUIRED***

**Account Number:** \_\_\_\_\_

**Card Holder's Signature:** **X** \_\_\_\_\_

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