

CREDIT CARD AUTHORIZATION

CUSTOMER INFORMATION

Name of Business or Individual			Phone		
Contact Name					
Billing Address			Shipping Address (if different)		Fax
City	State	Zip	City	State	Zip
Email Address:					
CREDIT CARD INFORMATION					
Cardholder Name Address					
Card Number			Expiration Date		
3 Digit Verification Number for Visa and MasterCard only (located on back of credit card)					
Please Check One:					
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Cardholder acknowledges receipt of goods and/or services as contracted with SEEML, Inc. Greenville, SC, 29607. This account will be maintained for this use until such time the cardholder notifies SEEML in writing as to the cancellation of this agreement. All charges are final after 60 days.					
----- Date			----- Cardholder Signature		
Return To: SEEML, Inc. 506 Laurens Road Greenville SC, 29607 Phone: 864-233 3770 Fax: 864-233-6589 www.seeml.com					