



Division of /
division de SC. & CO.

TEL: (514)-381-6164 / 1-844-71SWING
FAX: (514)-381-4064
EMAIL: CREDIT@SWINGCONTROL.COM

CREDIT CARD AUTHORIZATION FORM

Date: _____

I, _____ of _____ authorize SC & CO.

to apply charges of outstanding invoices to the credit card listed below upon my approval.

MASTER CARD ☐

VISA ☐

DISCOVER ☐

CREDIT CARD # _____

Expiry Date: _____
(MM/YY)

CARD HOLDER NAME: _____

SECURITY CODE, CVV or CVV2 (3 – 4 DIGITS BEHIND CARD) # _____

Please apply charges accordingly:

<input type="checkbox"/>
<input type="checkbox"/>

Apply all shipments without calling for authorization.

One time charge of \$ _____ For PO # _____

***MANDATORY - FED TAX ID#** _____

Phone # of Contact _____

Fax # of Contact _____

Email address (to send transaction receipt) _____

Customer Authorization (Signature)