



## SJ Linking Systems Credit Card Authorization

Company Name: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Type of Credit Card: AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Mastercard \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVC Code: \_\_\_\_\_

Expiration Date of Card: \_\_\_\_\_ / \_\_\_\_\_

Address where Credit Card Statements are sent to:

By signing below, you as the credit card holder have authorized SJ Linking Systems to charge your credit card for all invoices and Insurance deductions.

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Cardholder Signature

Please provide legible copies of the credit card and the cardholders drivers license.