

Credit Card Authorization



14 Walker Way, Suite 4, Albany, NY 12205 (518) 869-2599 Fax (518) 869-3795

Customer Information:

Name: _____ Parent Company if DBA: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Name of Principal Officer or Owner:

Name: _____ Title: _____ SS#: _____
EI#: _____ Home Address: _____

Agreement:

Customer hereby authorizes Sound Product Marketing, Inc. to charge the following credit card(s):

We will only accept Visa or Mastercard.

Card Type: _____
Card #: _____ -- _____ -- _____ -- _____
Expiration Date: _____ / _____
Name on Card: _____
Billing Address: _____

Card Type: _____
Card #: _____ -- _____ -- _____ -- _____
Expiration Date: _____ / _____
Name on Card: _____
Billing Address: _____

The undersigned, for good and valuable consideration, hereby authorize Sound Product Marketing, Inc. to charge on the above referenced credit card for any of the Sound Product Marketing, Inc. future invoices. **Customer agrees that an invoice and the proof of delivery of goods are the conclusive evidence that Customer has authorized Sound Product Marketing, Inc. to charge on the above referenced credit card.** If the invoiced amount is not paid for any reason, Customer agrees that the state of New York shall have the personal jurisdiction over Customer and the collection proceeding will be held by a tribunal in the appropriate jurisdiction in the State of New York. Service of process shall be made by a registered mail with return receipt requested to the address of the business.

Date: ____ / ____ / _____

Customer Signature Required:

Business Name: _____

Card Holders Signature _____