



Date: _____

Customer Account Number: _____

Customer Account Name: _____

Dear Valued Customer,

Please confirm that the following information is accurate and you are a willing participant in SRS Acquisition Corporation and affiliated companies charging the following credit card: In addition, you acknowledge that no discount will be offered when paying via credit card:

Type of Credit Card: **MASTERCARD** **VISA** **DISCOVER** **AMEX**

Credit Card Number: _____

Expiration Date: _____ / _____ Security Code (on back of card) _____

Name on Credit Card: _____

Billing Address of Credit Card Statement: _____

I.D. Verification/Driver License #: _____ Amount: _____

Description of Merchandise or Reference/Invoice #: _____

Ship-To Address (if applicable): _____

If you agree with the above information, please sign below and fax back to _____

We ask that a copy of your driver's license and the front and back of the credit card be included w/the authorization form. Please be assured that this information will be kept in a secure file to be sure that this information is confidential.

Signature of Card Holder: _____