



*Suncoast
Ceramic Studio*

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CREDIT CARD “Signature on File” AUTHORIZATION FORM

Suncoast Ceramic Studio, Inc., located at 1415 Oakfield Dr., Brandon, FL 33511, is hereby authorized to maintain my credit card payment information in their secure and confidential files. This signed form authorizes Suncoast Ceramic Studio to process the credit card listed below for monthly fees and services rendered in accordance with the monthly payment option selected below. (Please check one option):

- a.) Please process my payment on the 1st of each month for the total monthly statement balance and mail my credit card receipt to me with my monthly statement.
- b.) Please process my payment on the 10th of each month for the total monthly statement balance and e-mail my credit card receipt to my e-mail address provided below. (Statements are mailed out on the 1st of each month)
- c.) Please keep my credit card information on file. I will call by the end of each month to authorize payment of my monthly statement balance. I also authorize the following person(s) to call in credit card payments on my behalf: _____

Please Print:

Name on Card: _____

Billing Address: _____

City, State, Zip Code: _____

Phone _____ E-Mail: _____

***** We Accept American Express, Discover, MasterCard and VISA *****

Credit Card Number:	_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _
Expiration Date: _____	Security Code: _____
Type of Card:	<input type="checkbox"/> AMX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA

By signing this form, I give permission to Suncoast Ceramic Studio, Inc., located at 1415 Oakfield Dr., Brandon, FL 33511, to charge my credit card listed above for fees related to their professional services. If I am using my company’s credit card, I am signing as an authorized user. My signature below confirms my knowledge and acceptance of fees, terms, and policies of Suncoast Ceramic Studio, Inc. I understand and agree to accept responsibility for payment of any and all professional services rendered should my credit card be declined for all or part of the charges. I also understand that the authorization of automatic monthly payments will remain in effect unless I cancel it in writing 10 days prior to my payment option chosen above. (Receipt of signed “Credit Card Signature on file Authorization Form” by facsimile or e-mail transmission shall be binding as a legal document in lieu of original.)

➔ Authorized Signature: _____ Date: _____

Print Name: _____

Please e-mail completed form to: (Rachel@SuncoastCeramic.com)