SONIC TRACTOR PARTS, INC. / SONIC HYDRAULICS®
1780 NW 93 Ave Miami, FL 33172
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www.stpusa.net

Credit Card Authorization Form

Please complete all the information below for credit card payment:

Payment Details:

Sonic Customer # or Name: _____
Invoice # or PO # to be Paid: _____
Total Amount to be Charged*: _____

Credit Card Details:
(Provide information below as it appears on the credit card)

First Name : _____
Last Name: _____

Credit Card Type (circle one):
VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____

CCV Code(see below):
MasterCard/Visa(3 digit on back) _____
_____

Billing Address: _____
_____
_____
City: _____ State: _____ Zip: _____

Telephone : _____

Email: _____
(your receipt will be emailed to you)

*****Please provide your authorization by signing and printing your name below:****

* Please include shipping or leave blank so that we may include your shipping charges .
***By completing this form and providing us the information you are authorizing Sonic Tractor Parts, Inc. to process your credit card for payment. Your information will remain confidential and secure.*

_____ _____
Signature Date

_____
Printed Name