



# Credit Card Authorization

Contact Name:

Company/Store Name:

FEIN:

Phone:

Fax:

Email:

I authorize SolarX Eyewear LLC to charge the following credit card for any and all orders shipped by SolarX Eyewear to the above company/store name. This authorization will serve as authorization for all orders placed by the above company/store name which will indicated credit card payment as the form of payment on the SolarX Eyewear order/packing slip/invoice. The shipping address will be indicated on the SolarX Eyewear order/packing slip/invoice.

The person authorized to make purchases on the following card is:

Name on Credit Card:

Cardholder Signature:

Billing Address:

City, State & Zip Code:

Credit Card Type & Number

Expiration Date:

Security Code:

For any questions, please call 1-866-298-0433. Return this form by email to: [rebecca@spxbrands.com](mailto:rebecca@spxbrands.com) or by mail to: 17000 Foltz Industrial Pkwy, Strongsville, OH 44149.