



CREDIT CARD AUTHORIZATION FORM

To charge your order:

1. Fill out the form below. (Please print clearly.)
2. **FAX** it to us at **(401) 769-4800**.

BILL TO

STORE NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

SHIP TO

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

STORE INFO

OWNER OF STORE _____

E-MAIL _____

WEBSITE _____

CREDIT CARD 1

CARD # _____

EXP. _____

NAME ON CARD _____

I authorize Sunshine Joy to charge my credit card for orders placed by the store listed above.

SIGNATURE _____

CREDIT CARD 2

CARD # _____

EXP. _____

NAME ON CARD _____

I authorize Sunshine Joy to charge my credit card for orders placed by the store listed above.

SIGNATURE _____

CREDIT CARD BILLING ADDRESS

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Sunshine Joy realizes that credit card information is to be kept confidential and will only be used for the orders going to the store listed above.