



**SISU HOME ENTERTAINMENT, INC.**  
 340 WEST 39TH STREET, 6TH FLOOR  
 NEW YORK, NY 10018  
 TEL:(212) 947-7888 • FAX: (212) 947-8388

## Pay By Credit Card Authorization

### Card Information:

Customer Name: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

VISA  MasterCard  American Express  Discover Card

Card ID number \_\_\_\_\_ (VISA and MASTERCARD = last 3 digits on the back of the card on the signature line)  
 (AMERICAN EXPRESS = 4 digits on front of the card right side above the card number)

Card Holder Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

**To avoid delay with your order Please attached a clear copy of the credit card FRONT and BACK when faxing this form back to SISU.**

### Payment information:

**Permanent File**

*Please initial and sign if future orders should be charged to this credit card – per terms*

**Initial** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Print** \_\_\_\_\_

By signing below, I/We authorize SISU Home Entertainment, Inc. (also stated forward as the “merchant”) to process credit card transactions for the above stated applicant. These transactions will be processed via phone orders, fax, email or in person at the merchant’s location of business operations. If this application is marked for PERMANENT FILE I/we authorize merchant to process future orders for payment with this credit card.

I/We will update the merchant upon the expiration date and/or other necessary information as the credit card stated above is renewed. I/We have read and agree to abide by the terms and conditions of SISU Home Entertainment, Inc. and agree to perform the obligations set forth in the cardholder’s agreement with the issuer.

I AFFIRM THAT I AM AN AUTHORIZED SIGNER ON THIS CREDIT CARD AND ACCEPT ALL RESPONSIBILITY FOR THESE TRANSACTIONS TO ENSURE FULL AND PROPER PAYMENT TO MERCHANT.

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Authorize Signature**

\_\_\_\_\_  
**Date**

**ALL information is held strictly confidential**

**For SISU use only:**

Terms \_\_\_\_\_

COD

Process authorization Number: \_\_\_\_\_ Date \_\_\_\_\_ Processed by: \_\_\_\_\_