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: (This section only can be typed in on your computer, printed but not saved. The rest should be handwritten.)

Customer Name: _____ Customer Number: _____

Credit Card Number: _____ Expiration Date: _____

VISA ☐ MasterCard ☐ American Express ☐ Discover Card ☐ (Please mark X)

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 attach 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 RESPIONSIBILITY 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: _____