

# SHERRY

Manufacturing Company, Inc.

## CREDIT CARD AUTHORIZATION FORM

Sherry Manufacturing Company  
3287 NW 65 Street  
Miami, FL 33147  
(800) 741-4750 / Fax 305 397-2521

RE: SHERRY ACCOUNT# \_\_\_\_\_  
ACCOUNT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE/FAX# \_\_\_\_\_

TO: CREDIT DEPARTMENT

This form authorizes Sherry Manufacturing Company, Inc. to charge my credit card listed below for all purchases made from the company including fax/phone orders by myself, or authorized company personnel. It is agreed upon that all purchases paid by use of this credit card are considered paid in full. All orders placed with Sherry Manufacturing Company, Inc. are printed to order and are not subject to cancellation. It is the customer's responsibility to make all claims in writing to the attention of the credit department within 10 days after receipt of merchandise. Sherry Manufacturing Company, Inc. will investigate any written claims and after completion of the investigation reserves the right to either replace the order, issue credit or deny the claim.

CARD TYPE: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD  
ACCOUNT TYPE: \_\_\_\_\_ CORPORATE \_\_\_\_\_ INDIVIDUAL  
ACCOUNT NAME \_\_\_\_\_  
CARD BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
ACCOUNT # \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_  
V-CODE (last 3 digits of acct# as it appears on signature line located  
on back of card) \_\_\_\_\_

The following is a list of authorized users on this account who are permitted to make purchases using this credit card.

1 \_\_\_\_\_  
2 \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Print Name/Title