



Credit Card Payment Authorization Form

Please sign and complete this form to authorize Shinelli Corporation to debit your credit card listed below.

I _____ authorize Shinelli Corporation to charge my credit card account
Indicated below for the outstanding balance on net 15/ net 30 for payment of my statement balance.

Billing Address: _____

Phone: _____ Email: _____

Credit Card Information

Cardholder Name: _____

Card number: _____ Expiration Date: ____/____ CVV Code: _____

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify Shinelli in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

THANK YOU FOR YOUR BUSINESS