

SSR DISTRIBUTORS

5725 HARTSDALE DRIVE HOUSTON, TEXAS 77036

Email: ssrdistributors@yahoo.com

Customer Name:		
CREDIT CARD PAYN	MENT INFORMATION	
Credit Card Company:	Master Card Visa American Express Discover (Circle One)	
Name as shown on cre	dit card:	
Billing address:		_
Credit Card Number: _		-
Expiration Date:/_	_	
CVV Code	<u></u>	
Amount you are author	rizing to be charged: \$	
Please sign and date to Credit Card.	indicate your agreement for SSR Distributors	to charge your
Signature	Date	Telephone #

ONE TIME CHARGE ONLY _____
OR
AFTER EACH INVOICE _
PLEASE SEND A COPY OF YOUR DRIVERS LICENSE AND CREDIT CARD