SGS NORTH AMERICA, INC.
CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION:

CARD TYPE ☐ **VISA** ☐ **MASTER CARD** ☐ **AMEX** ☐ **DISCOVER**

Card Number _____

Expiration Date: _____ CVV#: _____
(MM/YY)

Name: _____
(Name as it appears on card)

Zip Code: _____
(Billing Zip Code for credit card)

Billing Address: _____
(Billing Address for credit card)

Phone Number: _____

Email Address: _____

Pls. check one: Keep on File: ☐ Yes ☐ No

Email Receipt: ☐ Yes ☐ No

PPAY Client: ☐ Yes ☐ No
(for internal use only)

PAYMENT DETAIL:

Oracle Code:
(for internal use only)

Invoice # _____ Amount : _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Total: _____

AUTHORIZATION:

Authorization Signature: _____ Date: _____
(Required to Process)

3% SURCHARGE will be applied to all transactions

EMAIL COMPLETED FORM TO:
US.EHS.Billing@sgs.com
ATTN: CREDIT CARD PROCESSING

Prepared by/Date: _____
(for internal use only)