



54L Boundary Road Extension, Aranguez, Trinidad,
W.I. Tel/Fax.: (868)-228-2837
Email: sales@stanmarkltd.com

PAYMENT AND CREDIT CARD AUTHORIZATION

I _____ as an officer of _____
(print name) (print company name)

representing my company, I authorize Stanmark ltd. to charge the agreed amount listed below to the noted credit card provided herein for purchase of wholesale, food and other related items or equipment. I agree that i will pay for this purchase in accordance with the issuing bank cardholder agreement.

All purchases are subject to www.stanmarkltd.com warranty and return policy.

Company Address: _____

Address 2: _____ City: _____

Phone Number: _____ Fax Number: _____

Mastercard Visa American Express Discover

Personal Credit Card Coperate Credit Card

Authorized Amount To Charge: \$ _____

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Billing Address:

Same as above

Address: _____

City: _____

Card Holder Signature: _____ **Date:** _____
