

STT, INC.
TRANSPORTATION CONSULTANTS
2051 Gattis School Rd., Suite 540/#111, Round Rock, Tx 78664
Phone (512) 930-4835

CREDIT CARD AUTHORIZATION

Authorization To Debit Credit Card

Company/Client Name: _____
Event Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____ **Fax:** _____
Fed Tax ID #: _____

CREDIT INFORMATION

Credit Card # _____
Exp. Date: _____
Security Code _____
Bank Name _____
Transaction amount _____

- American Express
- Discover Card
- Master Card
- Visa

I, THE UNDERSIGNED, HEREBY AUTHORIZE STT, INC. TO CHARGE THE ABOVE LISTED CREDIT CARD ACCOUNT IN THE AMOUNT INDICATED ON ALL ORDERED SERVICES. I APPROVE BY SIGNING A FAXED RECEIPT, OF MY SIGNATURE (OR ANY REPRESENTATIVE'S SIGNATURES) FOR THE SERVICES THAT ARE BEING RENDERED, AND I WILL IN GOOD FAITH, MAKE GOOD ON ALL CHARGES ON MY CREDIT CARD. I, THE UNDERSIGNED, DO HEREBY PERSONALLY GUARANTEE PAYMENT OF THE ABOVE CHARGES IN THE EVENT OF NONPAYMENT WITHOUT JUST CAUSE BY THE ABOVE NAMED COMPANY. I, THE UNDERSIGNED, HEREBY AUTHORIZE STT, INC. TO CHARGE THE ABOVE LISTED CREDIT CARD IN ACCORDANCE WITH OUR FINAL INVOICE POST-EVENT, AS WELL AS THE FULL PAYMENT PRIOR TO THE EVENT.

Signature: _____ **Date:** _____

Cardholders Name: _____

Cardholder's Address: _____

Telephone: _____