



## **Credit Card Consent Form**

Please call 813-333-2832 if any questions

I, hereby, give SANDS Corp., Tampa, Florida, permission to charge, as requested, my **VISA, Mastercard, American Express, or Discover.**

**Account Number :** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**CVS Code:** \_\_\_\_\_

as a payment for services and/or goods provides. I'm aware of my responsibility to pay in full amount mentioned above and I also agree to perform other obligations set forth in the cardholder's agreement with the issuer.

**Customer I.D. # :** \_\_\_\_\_ **Company Name :** \_\_\_\_\_

**Sales Person:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Monthly Statement Billing Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Second form of ID for card holder: (Driver's License preferred)**

# \_\_\_\_\_ State \_\_\_\_\_

Please fax to 813-600-3432 or email to [sales@sandscorp.net](mailto:sales@sandscorp.net)