



18353 Mt. Langley St.
Fountain Valley, CA 92708
O 949.722.7022
F 949.419.1195
shades@soleshades.com
www.soleshades.com

Payment Authorization

(All information will remain confidential)

Credit Card Authorization:

*Note: Credit Card transactions will incur a 2% Convenience Fee

Name On Card: _____

Billing Address: _____

Credit Card Type: Visa AmEx Mastercard

Credit Card Number: _____ Expiration Date: _____

Card ID (3 or 4 digit code): _____ Amount to Charge: \$ _____ (USD)

If you wish to keep your card on file for future use, please sign and date here:

Signature: _____ Date: _____ Print Name: _____

I authorize Sole Shades to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank card holder agreement.

Cardholder please sign and date:

Signature: _____ Date: _____ Print Name: _____

Remote Check Payment:

*Note: There is no fee for remote check payment.

*Please mail paper check to our office.

Name: _____ Invoice No. _____ Amount of Payment: \$ _____

Please place check here to scan.
Please email the scanned form to
shades@soleshades.com