



*Suncoast  
Ceramic Studio*

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**CREDIT CARD “Signature on File” AUTHORIZATION FORM**

Suncoast Ceramic Studio, Inc., located at 1415 Oakfield Dr., Brandon, FL 33511, is hereby authorized to maintain my credit card payment information in their secure, encrypted and confidential files. This signed form authorizes Suncoast Ceramic Studio to process the credit card listed below for monthly fees and services rendered in accordance with the monthly payment option below.

Please process my payment on the 10<sup>th</sup> of each month for the total monthly statement balance and include my 2% discount. E-mail my credit card receipt to my e-mail address provided below. (Statements are mailed out on the 1<sup>st</sup> of each month)

Please Print:

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

\* \* \* \* \* We Accept American Express, Discover, MasterCard and VISA \* \* \* \* \*

Credit Card Number:	_____ - _____ - _____ - _____
Expiration Date:	_____ Security Code: _____
Type of Card:	_____ AMX _____ Discover _____ MasterCard _____ VISA

By signing this form, I give permission to Suncoast Ceramic Studio, Inc., located at 1415 Oakfield Dr., Brandon, FL 33511, to charge my credit card listed above for fees related to their professional services. If I am using my company’s credit card, I am signing as an authorized user. My signature below confirms my knowledge and acceptance of fees, terms, and policies of Suncoast Ceramic Studio, Inc. I understand and agree to accept responsibility for payment of any and all professional services rendered should my credit card be declined for all or part of the charges. I also understand that the authorization of automatic monthly payments will remain in effect unless I cancel it in writing 10 days prior to my payment option chosen above. (Receipt of signed “Credit Card Signature on file Authorization Form” by facsimile or e-mail transmission shall be binding as a legal document in lieu of original.)

➔ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Please fax completed form to: 813-684-1820*

*You may also sign the authorization form, e-mail it to [Rachel@SuncoastCeramic.com](mailto:Rachel@SuncoastCeramic.com) and then call in your card number, expiration date and security code.*