

# STIRLING

WWW.STIRLINGFLAVORS.COM  
19220 64TH AVENUE SOUTH • KENT, WA 98032  
+1.253.867.6133 • +1.253.867.6145

## Credit Card Authorization Form

Please fill out the form below, sign and fax to:  
+1.253.867.6145 or email a signed and scanned copy to [customerservice@stirlingflavors.com](mailto:customerservice@stirlingflavors.com)

### CONFIDENTIAL CARD HOLDER INFORMATION

Company Name:

Name on Card:

Card Holder Billing Address:

City

State/Province:

Zip/Postal Code:

Country:

Telephone:

Email Address:

### Payment Authorization

Card Type:  Visa  MasterCard  Discover  AMEX

Card Number:                 Exp. Date:  /

3- or 4-Digit Security Code:

I wish to authorize the purchase of services and merchandise from Stirling Flavors using this Credit Card Authorization Form. I agree that I will pay for purchases and hold Stirling Flavors harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as an authorized signature on the credit card charge slip.

This authorization is valid for a period of one (1) year from date signed.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date