



## Credit Card Authorization

Please return by email to [support@surna.com](mailto:support@surna.com) or fax to 303.955.2544

Customer/Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Shipping Method (Surna to fill in price):

Ground \$\_\_\_\_\_     Two-Day \$\_\_\_\_\_     Next Day \$\_\_\_\_\_

*\*Rush orders must be received by noon, Mountain Time and total \$300 or less for same-day shipping.*

Part Number	Quantity	Part Description	Price (USD)

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_    CWV Code: \_\_\_\_\_    Credit Card Zip Code: \_\_\_\_\_

Authorization Details:

Specific amount (single transaction): \_\_\_\_\_

I authorize Surna to charge my credit card as specified above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date