



Famore Cutlery

A Division of Specialty Product Sales, Inc.

P.O. Box 1314, GAINESVILLE, GA 30503

www.famorecutlery.com

Credit Card Authorization

(unless otherwise stated by customer our policy is to set up a net 15 payment term)

Company Resale Number _____

Please complete all of the fields below.

Visa MasterCard Discover Amex (please circle one)

Credit Card # _____ Exp Date: _____ Security Code ____

Name as it appears on the card: _____ (Please print)

Billing address for credit card:

Company Name: _____

Phone#: _____ Cell#: _____ Fax#: _____

- I authorize Specialty Product Sales Inc. to use this credit card for this order only.
- I authorize Specialty Product Sales Inc. to use this credit card for this order and all future orders unless otherwise notified in writing.
- I authorize SPS Inc. to use this card in the event an invoice is past due its 15, 30, or 45 net payment term

NOTE: 4% convenience fee is added to entire invoice. (Does not apply to international payments)

I certify that the information on this document is true and accurate. I understand that I am liable for any false statements or material omissions made on or in connection with this document. I agree additionally also to inform in writing of any and all changes that would affect the present or future validity of this document.

By signing below, I acknowledge charges hereon, payment in full to be made when billed or in extended payments in accordance with the standard policy of the company issuing the credit card.

Date: _____

Signature: _____

***PLEASE Email to us at Info@FamoreCutlery.com**