

SandBoxx Group

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CREDIT CARD PROCESSING FORM

email - info@sandboxxgroup.com

ALL REMITTANCE BY CREDIT CARD SUBJECT TO 3% HANDLEING FEE OF TOTAL INVOICE

			<u> </u>				
DATE:		SALES REP:			INFORMATION PROVIDED BY:		
CI	USTOMER NAME:				CUSTOMER #		
ORDER INFORMATION							
INVOICE # / PO # TO BE PAID					TOTAL AMOUNT TO PROCESS		
CARD INFORMATION							
TYPE OF CARD		□ VISA □ MASTERCARD □ AMERICAN EXPRESS □ DISCOVER					
NAME ON CARD							
CREDIT CARD NUMBER							
	DIGITS ON BACK ARD (VISA & MC)				EXPIRATION DATE		
	PRINTED DIGITS FRONT OF AMEX				DAIL		
BILLING ADDRESS AS IT APPEARS ON STATEMENT							
		DILL	ING ADDICESS AS IT AFFI	LANS ON	STATEMENT		
	ADDRESS 1						
	ADDRESS 2						
	CITY/STATE/ZIP						
	PHONE NUMBER						
TO BE COMPLETED BY SNDBXX CREDIT CARD DATE OF							
	CREDIT CARD CONFIRMATION / PROVAL NUMBER				IRMATION /	/	/
71				1			
I hereby authorize SandBoxx Group to bill the credit card above for all costs related to subject							
order. SIGNATURE						DATE	