



Address: 26120 Eden Landing Road, Suite #4. Hayward, CA 94545

Office: (800) 501-2133

Credit Card Billing Authorization Form

Customer and Credit Card Info:

Customer (First & Last) Name (as it appears on card)	
Company Name (Optional)	
Phone #	
Email Address	
Credit card type: (Mastercard, Visa, Discover...)	
Credit Card # (16 Digit)	
Card Security Code (on back)	
Card Expiration Date (xx/xx)	
Card Billing Address	
Shipping Address (if different)	

I authorize DSCS Inc (dba "Spider Security Products") to charge my card above for products requested (plus shipping).

This authorization remains in effect unless cancelled in writing.

Signature _____ Date _____