



Guardian

Safety Solutions International Inc.

Protecting Families Worldwide Since 1985

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Suite 230
Dallas TX 75247

PHONE: 972-252-6201
FAX: 972-594-7826

CREDIT CARD AUTHORIZATION TO CHARGE FORM ~ VISA or MasterCard ONLY

COMPANY NAME: _____

CARDHOLDER NAME: _____

CARD TYPE _____

CARD NUMBER: _____

EXPIRATION DATE: _____

CSC CODE: _____ (generally located on the back of Visa or MC).

BILL TO ADDRESS: _____

I hereby authorize the above information to be charged to my credit card on file.

* SIGNATURE: _____ *

DATE: _____ PHONE: _____

FAX: _____

EMAIL ADDRESS FOR RECEIPT: _____

*** Information below will be filled out by our accounting department ***

AMOUNT TO BE CHARGED: _____

Acct#: _____

SALES ORDER/INVOICE NUMBER: _____

GuardianSSI.com