



Storage Consultants, Inc (SCI)
PO Box 6445
Libertyville, IL 60048
847-980-7222 – cell
847-996-1105 – office
847-996-1151 – fax

To:

Emily@StorageConsultantsInc.com

Date:

www.StorageConsultantsInc.com

Regarding: Credit Card Authorization for SCI Products or Services

To pay with VISA, MasterCard, or American Express, complete and fax this copy to (847) 996-1151. The processed charge slip will be emailed to you along with an invoice marked paid.

Please charge my credit card for first half of the engagement plus expenses in the amount of:

_____ for _____ and
_____ for actual / proposed expenses.

Credit Card # _____

Visa ___ MasterCard ___ AmEx ___ Card Expiration date: ___/___/___

Billing zip code _____ 3 or 4 digit Security code _ _ _ _

Name as it appears on card: _____

I hereby authorize Storage Consultants, Inc (SCI), to bill the above referenced credit card for all charges listed and agreed upon in this agreement.

Signature Authorizing Charge: _____ Date Authorized: ___/___/___

Thank you

Emily H Garrity

Emily H Garrity
Storage Consultants, Inc (SCI)
(847) 996-1151 – fax