

Please FAX TOLL FREE to 1-703-563-9703  
or email a scanned copy to

[SECURITY@7SPINS.COM](mailto:SECURITY@7SPINS.COM)

For any additional information, please contact us toll free at 1-888-258-7872

By submitting this signed and dated form, along with the additional information requested, I am authorizing and fully acknowledging the following:

- I am the authorized credit/debit card holder and will honor all purchases initiated by me to my account with the below credit/debit card, whether completed by telephone or internet:
- I am of age of majority (18 years or older depending on your jurisdiction).
- I have read and accepted the terms of use as listed elsewhere on this website.

CUSTOMER ACCOUNT ID \_\_\_\_\_  
 FULL NAME \_\_\_\_\_  
 PHONE NUMBER (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
 CARD TYPE  VISA  MASTERCARD  AMEX  
 CREDIT/DEBIT CARD NUMBER \_\_\_\_\_ -- XXXX -- XXXX -- \_\_\_\_\_  
 CARD EXPIRATION DATE MONTH / YEAR \_\_\_\_ / \_\_\_\_

**Please enclose:**

- ✓ A copy of valid picture ID
- ✓ A copy of the Credit Card above (front side)

**I hereby authorize the above as evidenced by my signature below.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sales slip/Customer signature