



Cease All Credit Card Authorization Form

Date: _____

Acct. # _____
(Schmidt & Sons, Inc. Office Use)

Credit Card Information

Name of Business: _____

Name of Card Holder (please print) _____

Card Type: [] MasterCard [] American Express [] Visa [] Discover

Card Number: _____ Expiration Date: _____ Security Code _____

Credit Card Transaction Receipt Preference

By Email: Email Address: _____

By Mail: Mailing Address _____ City / State / Zip Code _____

I authorize Schmidt & Sons, Inc. to charge the above referenced credit card for all purchases made on our account until formal notice in writing is given to cease charges to our credit card account.

Cardholder or Authorized User (Signature)

Date

Email to: credit@schmidtsons.com or Fax (830) 672-7373