

SYK Jewelry

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Atlanta, GA 30303
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Fax404-524-5382
syk@syk.com

Authority For Credit Card Payment

Date: _____.

Customer Name: _____.

Customer Account#: _____.

Tel: (_____) _____ - _____.

Address: _____.

_____.

City: _____ State: _____ Zip: _____.

Credit Card Type (Circle One): **Master** **VISA** **Amex** **Discover**

Card# _____ . Exp Date: _____.

Name on Card : _____ . Amount of Charging: \$ _____.

Amount in Word : _____.

Signature: _____.

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