

Credit Card Authorization Form

14368 Central Ave Chino, CA 91710
Tel: 909-590-8844 Fax: 909-627-3807



PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Company Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number
(Last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____

Please Keep On File

I authorize Sandi Global Group to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder

Name (Printed): _____

Signature: _____

Date: _____

Customer Service: For questions or concerns please contact us at charles@sandicabinet.com

Refund & Return Policy

It's easy to return an item if you are not satisfied. We will issue a refund to your original form of payment for items returned within 14 days. Items must be returned in their original condition; shrink wrapped products must be unopened.

Privacy Act

Sandi Global Group, strives to communicate clearly about your privacy and how we handle your personal information. Sandi global Group, follows security standards, processes and procedures that are designed to protect your personal information. Sandi Global Group, does not sell or rent your personal information and respects your preferences with respect to your personal information in accordance with these Privacy Principles, as well as our Privacy Policy.