



CREDIT CARD AUTHORIZATION FORM

Customer Billing Information

Method (circle one): American Express Diners Club Discover MasterCard Visa

Card Number:

Expiration Date (MM/YYYY): / SRCC Invoice #:

Amount to charge (US Dollars and cents i.e. \$1,000.00): \$.

Name on Credit Card:

Company Name:

Credit Card Billing Address:

City: State/Province:

Zip Code: Country:

Phone Number:

Email Address:

Signature: Date:

Email this form to accounting@solar-rating.org or mail to:

Solar Rating & Certification Corporation

400 High Point Drive, Suite 400

Cocoa, Florida 32926-6630