



SHORT BLOCK TECHNOLOGIES

1401 N. Myrtle Avenue, Clearwater, FL 33755

(727) 443-0373 (727) 461-4268 FAX

Dear Valued Customer:

Please complete the attached form to update your SBT Dealer Agreement. You may choose to replace an old or expired card with a new card or add a backup card to your account.

All terms and conditions set forth in the original signed dealer agreement are applicable to any approved credit card on file. As always, you may choose to pay by COD and use the credit card for core return charges only, if applicable.

If you have any questions regarding this form or would like a copy of your signed agreement, please call us at your convenience.

Sincerely,

SBT Accounting Department

SBT Dealer's Request To Change / Add Credit Card

Company's Legal Name: _____

Doing Business As: _____

Main Telephone Number: _____

Primary Method of Payment: Credit Card COD

CHANGE DEALER CREDIT CARD ON FILE

I hereby authorize Short Block Technologies, Inc. to replace the credit card listed on the original Dealer Agreement with the following card. I have read and agree to all terms and conditions set forth in the original dealer agreement on file.

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card: _____ Security Code: _____ (3 digit code on back of card above sign. line)

Billing Address on CC if Different From Above: _____

Dealer (must be signed by an officer of the company)

Signed: _____

Printed/Title: _____

Dated: _____

Dealer (must be co-signed by the cardholder if not a corporate credit card)

Signed: _____

Printed/Title: _____

Dated: _____

ADD SECONDARY DEALER CREDIT CARD TO FILE

I hereby authorize Short Block Technologies, Inc. to add the credit card listed below as an Alternate Card for billing purposes in accordance with the Dealer Agreement on file. I have read and agree to all terms and conditions set forth in the original dealer agreement on file.

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card: _____ Security Code: _____ (3 digit code on back of card above sign. line)

Billing Address on CC if Different From Above: _____

Dealer (must be signed by an officer of the company)

Signed: _____

Printed/Title: _____

Dated: _____

Dealer (must be co-signed by the cardholder if not a corporate credit card)

Signed: _____

Printed/Title: _____

Dated: _____