



12330 S.W. 132 CT. Miami, FL 33186  
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## Credit Card Authorization Form

Purchase Order No. \_\_\_\_\_ Date of Order : \_\_\_\_\_

Company Name: \_\_\_\_\_

Cardholder's Name : (Please Print) \_\_\_\_\_

Type of card : \_\_\_\_\_ (Visa - MasterCard / American Express)

Card Number : \_\_\_\_\_

CCV: (security code) \_\_\_\_\_ EXP DATE: \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (Landline only - **No** cellular) Fax: \_\_\_\_\_

Please note all orders are subject to a Credit Card Convenience Fee: **3% MasterCard / Visa - AMEX 5%**

Purchase Order Amount: \$ \_\_\_\_\_

Total Amount to be charged: \$ \_\_\_\_\_

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card for the items shown on the referenced order.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_