
CREDIT CARD AUTHORIZATION CONFIRMATION FORM

Company Name _____

Credit Card (Circle One): Visa Mastercard American Express

Credit Card #: _____ VIN # _____
(4 digit code verification)

Expiration Date: _____

Cardholder Name: _____

Billing Address of Credit Card: _____

Phone Number#: _____

COMPLETE THIS FORM THEN FAX BACK TO 305-512-0436
WITH PHOTOCOPY OF THE CARD (FRONT & BACK)
AND PHOTOCOPY OF DRIVER LICENCE OR PICTURE ID

I, _____ hereby authorize Florida Flex Ink Distributors to
charge my: VISA, MASTERCARD or AMERICAN EXPRESS the amount of
\$ _____ US Dollars for the payment of Order/Invoice # _____.

CARD HOLDER SIGNATURE

DATE

All information listed above will be kept confidential by Florida Flex.