

## Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential.

FernTrust Customer #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone#: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ AmEx

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

Expiration Date: \_\_\_\_\_

Card ID Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

Email: \_\_\_\_\_ (email receipts)

I authorize **Feritrust Inc.** to charge the agreed amount per order to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder-Print Name, Sign and Date Below:

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

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Once Signed return the completed form to:



Cathy(cathy@feritrust.com) in Accounting by Email or Fax to 386-749-9248.