



HANSON & FITCH

Credit Card Authorization Form

Credit Card Information:

Name as it appears on the Card: _____

Type of Card: VISA MASTER CARD AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Security Code BACK of Visa or Master Card: (3 digits): _____

Security Code FRONT of Amex Card: (4 digits): _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Cell: () _____ Email: _____

I certify that I am the authorized holder and signer of the credit card referenced above.
I certify that all information above is complete and accurate.

I hereby authorize this card to be used for the event deposit and/or final payment or monthly auto-charge as agreed at time of order placed.

Cardholder or Company Representative:

Signature: _____

Today's Date: _____

Please return the completed form to our A/R department or your sales rep: donna@hansonfitch.com or fax to (925) 406-1340. Call us at 800-847-7037 if you have any questions. *Thank you!*