

STROBES-R-US CREDIT CARD AUTHORIZATION

FAX: 954-946-9677

EMAIL: SALES@STROBES-R-US.NET

COMPANY NAME _____

CIRCLE ONE: AMERICAN EXPRESS VISA MASTER CARD DISCOVER

AMOUNT TO CHARGE TO CARD \$ _____
(leave blank for multiple charges)

CARD NUMBER _____

NAME ON CARD _____

EXPIRATION DATE _____ SECURITY CODE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CALL BACK NAME _____

CALL BACK NUMBER _____

EMAIL ADDRESS _____

FAX NUMBER _____

SIGNATURE OF CARD HOLDER _____

LEGIBLE COPY OF DRIVER'S LICENSE MUST ACCOMPANY THIS FORM