

Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN.

****A 3% convenience fee will be added to each invoice total billed to a credit card.**

All information will remain confidential.

FernTrust Customer #: _____

Company Name: _____

Company Phone#: _____

Cardholder Name: _____

Credit Card Billing Address: _____

Shipping Address (if different): _____

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 **Ferntrust 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:

Printed Name: _____

Signed: _____ Date: _____

Once Signed return the completed form to:



Amy(amy@feritrust.com) in Accounting by Email or Fax to 386-749-3263