



Shrink Rap

Credit Card Authorization



◆◆◆ CREDIT CARD BILLING DATA ◆◆◆

Name on Credit Card _____

Billing Address _____

City, State, Zip Code _____

Phone _____

Email _____

◆◆◆ AUTHORIZATION ◆◆◆

One-time Authorization

Recurring Credit Card Authorization

By signing below, I authorize Shrink Rap, Inc. to:

charge the amount of \$_____ with each invoice to my

credit card number #_____, with a

three-digit security code of #_____ , and an

expiration date of _____ .

<i>Signature</i>	<i>Date</i>
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◆◆◆ PLEASE SEND SIGNED FORM TO SUE TRAVIS VIA ◆◆◆

1. fax: 954-530-8989, or
2. mail: PO Box 1806, Dania Beach, FL 33004, or
3. scan and email: Sue@ShrinkRapInc.com

Thank you,
Sue Travis, Office Manager, phone 954-683-1834