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## Credit Card Authorization Form

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

Name on Credit Card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_

Credit Card number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

I confirm that I am authorized under the terms of the applicable Cardholder agreement to use the above credit card for the purchase of good from 2M Mower and Tool LLC. My signature on this form shall be deemed full authorization to charge the credit card for:

Sales Amount:\$ \_\_\_\_\_ Sales Order/Invoice:# \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_



Date \_\_\_\_\_

\*Please indicate if you require a confirmation faxed or E-mailed to you\*

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## **Thank you for your Business**

Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. **2M Mower & Tool Llc** will keep all information entered on this form strictly confidential.