



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN TO US.
ALL INFORMATION WILL REMAIN CONFIDENTIAL.

TODAY'S DATE: _____

YOUR PO / ORDER # _____

CARD HOLDER NAME: _____

CARD BILLING ADDRESS: _____

CREDIT CARD TYPE: ___ VISA ___ MC ___ AMEX ___ DIS ___ DIN

CREDIT CARD NUMBERS: _____

EXPIRATION DATE: _____

SECURITY NUMBERS: _____

TOTAL AMOUNT: _____

(IF SHIPPING IS NOT INCLUDED IN ABOVE TOTAL AMOUNT, IT WILL BE ADDED ON)

I authorize \$_____, plus shipping if any, to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

SHIPPING TO ADDRESS: _____

*** IS THE SHIPPING ADDRESS: ___ RESIDENTIAL OR ___ COMMERCIAL ***

CARD HOLDER:

PRINT NAME

SIGNATURE



Payment to account:
Info@MaxBalloons.com

Methods to provide this information back to us:

- 1- Call us: 1-800-541-5961
- 2- Fax back to: 1-800-708-2503
- 3- E-mail: Info@MaxBalloons.com