



Fixmyinflatable.com

Repairs & Training

CREDIT CARD AUTHORIZATION FORM

SIGN & FAX TO: (888) 688-2419



I, , Hereby authorize Fixmyinflatable.com to charge my credit card account in the amount of: \$ + 3.9% processing.

Visa

MasterCard

Discover / American Express

Credit Card Number:

Expiration Date: /

Security Code (CVV)

3 Digit Number on Back



Credit Card Billing Address:

Street:

City: State:

Zip Code:

Telephone: () -

Requested Delivery Address:

Check If Same

Street:

City: State:

Zip Code:

Telephone: () -

Would you like a credit card receipt? If so, how would you prefer to receive it?

Email

Text

No Receipt Necessary

Send To:
(Please Provide Email Address or Phone Number)

As the credit card holder, I hereby authorize receipt of Fixmyinflatable.com Products at the address above.

X _____ / /
Cardholder's Signature Date

Thank You for your business! Authorizations will appear as: Bouncearoo.com on your statement.