

CREDIT CARD AUTHORIZATION FORM

Please complete the following information and email to support@bratenders.com

I,		, hereby au	thorize BraTenders to	
charge the credit card below in the amount of \$	S			
a) for this order only b) for all future orders c) from dates to				
Home Phone Number	Cell Phoi	ne Number	·····	
Work Phone Number	Email			
Fax Number				
Credit Card Number	Expiry Date	Billing Zip	CVV Security Code	
PLEASE CHECK ONE TYPE OF CARD: PERSONAL BUSINESS				
Credit Card Billing Address:	Request	Requested Shipping Address:		
NAME OF PRODUCTION OR REGIONAL THEATRE (if applicable)	NAME OF PI	NAME OF PRODUCTION OR REGIONAL THEATRE (if applicable)		
CITY, STATE, ZIP	·	CITY, STATE, ZIP		
COUNTRY	COUNTRY			
Shipping Information FedEx and/or UPS Account	Number(s)			
Name, Title, Telephone and Email Address for a to make purchases against this card:	dditional individu	als authorized		
1)				
2)				
3)				
CARDHOLDER NAME CARD	HOI DED SIGNAT	TIDE	TODAVCDATE	