

CREDIT CARD AUTHORIZATION FORM

Please Fill out and FAX back to (914) 819-0400

1 >> Card Type (select one):

American Express Visa Mastercard Discover

2 >> Card Owner (select one):

Company Credit Card Personal Credit Card

3 >> Cardholder Name:

4 >> Company Name:

5 >> Credit Card Billing Address: (Where you receive your statement)

6 >> Cardholder Phone Number:

7 >> Credit Card Account Number:

8 >> Credit Card Expiration Date (MM/YYYY):

9 >> Credit Card CVC Security Code (3 or 4 Digits):

10 >> Payment Total US\$:

\$

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**+ Shipping & Handling
+ Applicable Taxes**

Duties not included/covered.

11 >> I hereby authorize GolfUmbrellas.com/Mostmassmedia, Inc. to bill my credit card for the Payment Total listed above plus S&H and Taxes if applicable.

Cardholder Signature:

***All Sales are Final, Non-Returnable, Non-Refundable, Non-Cancellable.**