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Questions for credit card ♦ Wanda McMullen ♦ email: wcmullen@fadcentral.org

CREDIT CARD CHARGE AUTHORIZATION SHEET

SECTION 1: THIS SECTION TO BE FILLED OUT BY CUSTOMER – PLEASE PRINT CLEARLY

Name/Company: _____

Billing address: _____

City: _____

State: _____

ZIP Code: _____

Email address: _____

Fax number: _____

Phone/VP: _____

ALTERNATE SHIPPING ADDRESS (IF DIFFERENT FROM CREDIT CARD BILLING ADDRESS)

Shipping address: _____

City: _____

State: _____

ZIP Code: _____

CREDIT CARD INFORMATION

Name as it appears on Card: _____

Card Type
(Please Check one):



Card Number:

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Verification number on back of card: ____ - ____ - ____

Exp Date: ____ / ____
(Month) (Year)

I authorize you to bill my credit card account for \$_____.

Cardholder Signature/Charge Authorization: _____

SECTION 2: THIS SECTION TO BE FILLED OUT BY FAD PERSONNEL ONLY

Authorization Code/ REF#: _____ Date Authorized: ____ / ____ / ____

Authorized By: _____

Invoice No.: _____

THANK YOU FOR PURCHASE!!