



8348 NW 68th Street, Fl. 33166 - Ph. (305) 227-2111

### CREDIT CARD AUTHORIZATION REQUEST FORM

Date:

Consignee/Agent #

To Whom My Concern:

I hereby authorize Fun Place Corp. to charge my credit card for the purchase of any product(s) and/or service(s) which correspond to a sales order submitted by my firm, its principal, and or representatives.

**Credit Card (please mark one):**

Visa      Master Card      American Express

Nº Warehouse/Receip:

Amount \$:

Account Number:

Full Name of Card Holder:

Expiration Date:

CCV:

Credit Card Billing Address:

Phone:

Cellular:

Fax:

The information contained herein is true and accurate to best of knowledge; I accept the terms and conditions set forth in the corresponding credit card agreement and Fun Place sales policies.

I am the authorized signer on the above card and hereby give Fun Place Permission to bill the credit card.

AUTHORIZE SIGNATURE

DATE