



3615 N.W. 115<sup>th</sup> Ave  
Doral, FL 33178  
305-629-4800 Phone  
305-629-4123 Fax

## CREDIT CARD AUTHORIZATION

Company:

Name of Cardholder:

Billing Address:

City:

State:

Zip:

Phone:

Fax:

Driver's License No.:

State Issued:

Exp. Date

Credit Card No.:

CVVC No.: (3-Digit number located on the back side of card or 4-Digit number on front-side of AMEX)

Please Circle:

Visa

MasterCard

Amex

Discover

Invoice No.:

Amount:

\$

I hereby authorize Adornus to charge the amount listed above on my credit card. Furthermore, I agree to pay for this purchase and indemnify and hold harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as the authorized signature for this credit card charge. I agree that in the event of a discrepancy on the account, the corporate manager will be notified within seven days after receipt of the credit card statement. I also understand and agree that this form is valid and may only be cancelled by submitting a written notification to Adornus at 305-629-4123.

X: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**\* Please fax a clear copy of the following: Cardholder's Drivers License and the Front and Back sides of the credit card.\***