



CREDIT CARD PAYMENT AUTHORIZATION FORM

1142 Wealthy St SE Grand Rapids MI 49506
O: 616.454.9416 F: 616.454.4999
E: Handicapsign@gmail.com

Handicap Sign Inc, requires a MasterCard or Visa card information
in order to begin production on your sign order.

Name _____
(Name as it appears on the card)

Credit Card # _____

Expiration Date _____

Type of Card (check one) MASTERCARD VISA

CVC CODE (Last 3 digits on back of card) _____

Billing Address _____
STREET

_____ _____ _____
CITY STATE ZIPCODE

Phone _____

Email _____

By signing this form I give Handicap Sign Inc. authorization to charge my credit card for orders that I place
in written form via fax or email as well as verbally. I also, authorize Handicap Sign Inc.
to keep my credit card information on file for future orders.

Signature _____

Date _____