

FRITZ EWINS INC
20 BAY STREET
BROOKLYN, NY 11231
T. 718.237.2442
F. 718.237.4514



CREDIT CARD AUTHORIZATION FORM

Please Choose One:

_____ Single payment authorization - Please charge my credit card for the final invoice associated with my estimate. You will have 30 days to review your invoice after receipt before the card is charged.

_____ Blanket authorization - Please charge my credit card for all invoices generated on my account. This authorization will remain in effect until revoked in writing.

Credit Card Number

Type of Card ___ Visa ___ MasterCard ___ American Express

Expiration Date _____ Card Security Code _____

First Name _____ Last Name _____

Company _____

Billing Address _____

Address (cont.) _____

City _____ State/Province _____ Zip/Postal Code _____

Phone Number _____ Email Address _____

I authorize FRITZ EWINS INC to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

Signature _____ Today's Date _____