

## Jump For You Credit Card Authorization Form

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Company Website \_\_\_\_\_

I hereby authorize Jump For You to Charge the credit card listed below On Date \_\_\_\_\_ for the amount of \$ \_\_\_\_\_ to start production on the unit(s) ordered. For Invoice number \_\_\_\_\_

I understand production will not begin until the credit card is charged.

I hereby authorize Jump For You to Within 48 hours prior to shipment of the products ordered to charge the Credit Card indicated below for the full remaining balance amount of \$ \_\_\_\_\_

I (Name) \_\_\_\_\_ have read and accept Jump For You terms and conditions.

### Check One

Visa \_\_\_\_ Master Card \_\_\_\_ American Express \_\_\_\_ Discover \_\_\_\_

### Credit Card Information

Card # \_\_\_\_\_ Card holder name \_\_\_\_\_

Expiration date Month \_\_\_\_\_ Year \_\_\_\_\_ Code on back of Credit card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Drivers License # \_\_\_\_\_ Authorization Signature: \_\_\_\_\_

Print your First \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

If Shipping address and Billing address are not the same, Please provide a copy of the credit card (front and back) and your driver license.

Please Fax this document to (626) 969-6751