

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