

Endless Summer

PO Box 430650, Big Pine Key FL 33043

305-942-6497

Credit Card Authorization Form

CC Billing Address

Name _____

Address _____

City _____ State ____ Zip _____

Phone # _____

Shipping Address

Name _____

Address _____

City _____ State ____ Zip _____

Visa Mastercard American Express Discover

Card # _____

Exp Date (mm/yy) ____/____ CCV# _____ (3 digit # on back of card, AmEx: 4 digit # on front)

Total: \$ _____

I agree to pay above total amount according to card issuer agreement and the above terms.

X _____ Date ____/____/____

Signature