



## CREDIT CARD CHARGE AUTHORIZATION FORM

Your completion of this authorization form helps us protect you, our valued customer, from credit card fraud. All information entered on this form will be kept strictly confidential:

- 1) Complete form with a dark pen. Card holder must sign on the line indicated.
- 2) Fax or email completed form to complete your order. *Fax: (786) 513-3300, Email: [getit@iconwearit.com](mailto:getit@iconwearit.com)*

### Billing Address:

Name

Company

Address

City  State  Zip Code

Country

Phone

E-Mail

### Shipping Address: (if different than billing address)

Name

Company

Address

City  State  Zip Code

Country

Phone

E-Mail

Order Number:

Shipping Method:

UPS/FEDEX Account Number:

INVOICE Total:

### Credit Card Information

VISA  MASTER CARD  DISCOVER

Credit Card #:  -  -  -

Expiration Date:  /

CVV:  \*CVV is the last 3 digits on the back of your card.

One Time Charge  Keep Card on File

I, \_\_\_\_\_, understand the policy above and hereby authorize ICONWEARIT to charge my credit card account in the amount of \$\_\_\_\_\_. I agree to be bound by ICONWEARIT policies, terms and conditions for this transaction.

\_\_\_\_\_  
NAME (PRINTED)

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE