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CREDIT CARDAUTHORIZATION FORM



In order for The **VAULT** to accept and bill your credit card, please complete all fields below, sign and date, and email or fax to 407-389-1120. Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.

Company Name	
Cardholder Name (as shown on credit card)	
Credit Card Billing Address	
Name	
Address	
City State	Zip Code
Telephone Fax	
Requested Shipping Address (if applicable)	Select here if same as billing
Name	
Address	
City State	Zip Code
Telephone Fax	
I authorize The VAULT to charge my Credit Card account in the amount of \$	
Select Type of Card: MasterCard VISA AMEX	Discover
CC Number	Exp. Date M M Y Y
CCV Bank Number* Name	Bank Telephone
*CCV Number: On Visa & MasterCard is a 3 digit number on signature side of card. American Express is a 4 digit number on front of card.	
As the credit card holder, I hereby authorize The VAULT to charge my credit card for only the above mentioned amount. I understand that this amount includes any tax and shipping charges that apply.	
Cardholder Signature	 Date
I also authorize The VAULT to charge my credit card for future orders verbally approved by me. Authorization Valid Until Here	