



Authorization for Credit Card Use

COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on Card: _____

Business Name: _____

Billing Address: Street: _____

Street: _____

City: _____ State _____ Zip _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ American Express

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (CID): _____

(last 3 digits located on the back of the credit card or 4 digit number on front of American Express)

Amount to Charge: \$ _____ (USD)

I authorize Indemar North America Inc. to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance to the general terms & conditions of sale of Indemar North America Inc. I understand that there will be a 4% convenience fee added to the amount above and that my information may be saved to file for future transactions on my account.

Cardholder – Please Sign and Date

Print Name: _____

Date: _____

Signature: _____

Return the completed and signed form to the following email: info@indemarnorthamerica.com