



umbrellas.com

Credit Card Authorization Form  
Billing Agreement Authorization

Please fill out this credit card authorization form in full and fax back to us at (845) 223-9991

Credit Card Type ( please select one ):

American Express       MasterCard       Visa       Discover

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date ( Month / Year ): \_\_\_\_\_ / \_\_\_\_\_

Credit Card Security Code ( 4 digits on front of Amex, 3 digits on back of others ): \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Company Name ( if applicable ): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Umbrellas.com/Mostmassmedia, Inc. to bill my credit card for all present and future purchases verbally ( or written ) approved by me.

CARDHOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Cancelled orders subject to credit card discount fees. Custom printed, wholesale, non-stock orders are non-refundable.

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