



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 (914) 819-0400

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 verbal or written.

CARDHOLDER'S SIGNATURE: _____ DATE: _____

Custom printed, wholesale, special and non-stock orders cannot be cancelled and are non-refundable.

Umbrellas.com • 222 Purchase Street, Suite 133 • Rye, New York 10580