



DATE: _____

CREDIT CARD PAYMENT AUTHORIZATION

PLEASE FAX BACK to (954) 978-3185
or EMAIL to RUTH McKINLEY or JUNE GRANT
R.MCKINLEY@FLENIRO.COM or JUNE@FLENIRO.COM

NAME ON CARD: _____

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

FAX #: _____

EMAIL: _____

CHOOSE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

KEEP CARD ON FILE FOR FUTURE USE: YES NO

CREDIT CARD #: _____

EXPIRATION DATE: _____

AMOUNT AUTHORIZED: \$ _____

INVOICE or REPORT #: _____

PROJECT NAME OR NUMBER: _____

AUTHORIZED SIGNATURE: _____

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