



1821 SW 31 AVE HALLANDALE, FL 33009

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**FAX ORDER FORM AND CREDIT CARD AUTHORIZATION FORM**

CREDIT CARDHOLDER INFORMATION						
NAME ON CREDIT CARD						
TYPE OF CREDIT CARD		VISA	MC	AMEX	DISCOVER	OTHER
CARD NUMBER (Account no.)						
EXPIRATION DATE						
3 Digit security code						
BILLING & SHIPPING ADDRESS						
CITY		STATE		ZIP CODE		
PHONE		FAX		DATE		

MODEL NO	DESCRIPTION	QTY	COST	TOTAL
NOTES			SUB TOTAL	

**AUTHORIZATION OF CARD USE**

\_\_\_ - I certify that I am the authorized holder and signer of the credit card reference above. I certify that all information above is complete and accurate.

\_\_\_ - I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount as a ONE TIME CHARGE as referenced above. If additional charges are going to be authorized a new form will have to be completed. I agree to contact TPH in the event that there is an issue with said sale prior to performing a chargeback to rectify any and all issues.

CARDHOLDER NAME			
SIGNATURE		DATE	

