



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD NUMBER: _____

PAYMENT TYPE: VISA MASTERCARD DISCOVER AMEX

EXPIRATION DATE: ____/____/____

CARD SECURITY CODE (CSC): _____

FIRST NAME: _____

LAST NAME: _____

BILLING ADDRESS: _____

BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

HOME TELEPHONE: _____

EMAIL: _____

Please make sure to fill out this form completely. By signing below you are agreeing to allow Shamus Finn Corporation to charge your credit card for this and future transactions. By signing below you are also requesting Shamus Finn Corporation keep your credit card information on file for your ease of purchase with future transactions. By signing below you also state you have read and agree to our Service Agreement, Installation Agreement and Service Area found on our website. Please fax form to 651-257-7017. Thank you for your business.

SIGNATURE: _____

Date: ____/____/____