

# FERRELL MITTMAN

## Credit Card Authorization Form

Date: ..... Designer's Name:.....

Order: ..... Amount: \$.....

Circle Type of Card: American Express MasterCard Visa Discover

Credit Card #: .....

Expiration Date (Month/Year) ..... VCode: .....

Name on Card: .....

Email (For Receipt): .....

Complete Address that the statement is sent to:

.....

..... Zip: .....

I hereby authorize FERRELL MITTMAN to charge the amount listed above. I understand that FERRELL MITTMAN does not accept returns without prior written approval and cancellations will not be accepted after the order is placed into production. For custom orders no cancellation will be accepted after receipt of the initial deposit.

X .....  
Authorized Signature

Please fill out this form completely and fax back to  
FERRELL MITTMAN at 336-841-3028.

685 Southwest Street, High Point, NC 27260  
336-841-3028 | [www.ferrellmittman.com](http://www.ferrellmittman.com)