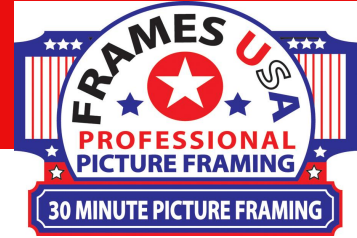


Celebrating 25 years of excellence



CREDIT CARD PAYMENT AUTHORIZATION FORM

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Customer Name: _____

Company Name: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Billing Address: _____

Suite/Apt _____ Zip _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____ Exp ___/___

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Driver's License #: _____ Exp ___/___

Amount to Charge: \$ _____ (USD)

I (First, Last Name) authorize _____ to charge the amount listed above to the credit card provided herein. I agree this is a non-cancellable and non-refundable charge. By using this form a 5% fee will be added to your order. You will be mailed a final receipt.

Your Signature: X _____ Date: _____

Please fax back to (305) 665-6008 or email it to framesusamiami@hotmail.com

VOTED MIAMI'S BEST FRAME SHOP | 5 STAR REVIEWS
FULL SERVICE SHOP | OPEN 7 DAYS A WEEK | PICK-UP AND DELIVERY
WWW.FRAMESUSAMIAMI.COM | 305.666.3355 | 6822 SW 40TH ST, MIAMI, FL 33155