



## CREDIT CARD AUTHORIZATION FORM

Dear valued customer,

We now offer the option of making payments on your account by using your Visa, MasterCard, Discover Card or American Express. Simply complete this form and fax to: G.R. FREMAN'S TROPICAL AIR, INC. (760) 788-0344 or e-mailing as PDF file to [mistyfreman@cox.net](mailto:mistyfreman@cox.net) or [service@grfremanstropicalair.com](mailto:service@grfremanstropicalair.com)

Customer Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Card Type: ( ) Visa ( ) Master Card ( ) Discover ( ) *American Express*

Card Holder Name (as it appears on card): \_\_\_\_\_

Card Holder Billing Street Address: \_\_\_\_\_

Card Holder billing Zip Code: \_\_\_\_\_ Is This A Commercial/Business Card: ( ) Yes ( ) No

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

“V” Code: \_\_\_\_\_ On Back Of Card – Last 3 digits

*American Express Card Transactions: Four digit code on front of card:* \_\_\_\_\_

Invoice (s) Number(s) to Pay: \_\_\_\_\_ Amount(s): \_\_\_\_\_

**Total Payment Amount:** \$ \_\_\_\_\_

I hereby authorize G.R. FREMAN'S TROPICAL AIR, INC. to charge my credit card.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send receipt via: ( ) Mail ( ) E-mail: \_\_\_\_\_ ( ) Fax \_\_\_\_\_

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