



Credit Card Authorization Form

Company Name _____

Special Instructions _____

Credit Card Type: Visa MasterCard American Express Discover

JCB Diners Club

Cardholder's Name (as it appears): _____

Credit Card #: _____

Expiration Date: $\frac{\quad}{MM/YY}$ / $\frac{\quad}{MM/YY}$ CCV#: _____

Billing Address (for credit card): _____

City _____ State _____ Zip _____ Country _____

Sales Order(s): _____

Amount: \$ _____

I (we) hereby authorize Reverso Pumps, Inc. to charge the above stated credit card as payment for the sales order(s) and amount described.

Authorized Contact: _____
(Please Print)

Authorized Signature: X _____

Date: _____

Please complete and return to:

Reverso Pumps, Inc.

201 SW 20th Street, Fort Lauderdale, FL 33315

Ph: (954) 522-0882

Fax: (954) 522-0456

www.reversopumps.com

contact@reversopumps.com