

Reverso Pumps, Inc.  
4001 SW 47th Ave, Suite #201  
Davie, FL 33314  
Ph: (954) 522-0882



## Credit Card Authorization Form

Please complete and return form to customerservice@reversopumps.com or fax (954) 522-0456.

**Company Name** *(if applicable)* \_\_\_\_\_

**Contact** Name \_\_\_\_\_ Email Address \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

**Sales Order(s)** \_\_\_\_\_

**Amount \$** \_\_\_\_\_

**Credit Card Type:**  Visa  MasterCard  American Express  Discover

**Credit Card #** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Security Code #** \_\_\_\_\_

**Cardholder's Name** *(as it appears):* \_\_\_\_\_

**Credit Card Billing**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

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

**Authorized Contact** *(print)* \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_