

Credit Card Authorization Form



1. Complete the form with credit card billing information.
2. Sign where indicated
3. Submit this form back to Dan's Fan City
(via fax: 813.855.3916 or email onlinesales@dansceilingfans.com)

Date: 2-20-21 Invoice #: _____

Cardholder Name: Robert Siegmann

Visa MasterCard American Express Discover

Card Number:

4	2	4	6	-	3	1	5	2	-	8	3	1	6	-	7	4	9	0
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Exp. Date: 02/24

CVV/CVC:

7	1	9
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Billing Address: 1855 Purdy Avenue

City: Miami Beach, State/Province: FL

Zip/Postal Code: 33139 Phone Number: 3052186584

Email Address: rsiegmann@iceboxcafe.com

The amount of \$ 1304.97 for invoice _____, (one time payment)

I agree to provide accurate credit card details for Credit Card payment transaction. Furthermore, I understand if any problem occurs and the credit card defaults, I will immediately contact Dan's Fan City to provide a different method of payment or different credit card details.

Printed Name: Robert Siegmann

Signature: *Robert J. Sieg*

FOR DAN'S FAN CITY INTERNAL USE ONLY (do not complete this section)

DATE	INVOICE#	AMOUNT	CHARGED BY	AUTH. CODE	NOTES

300 Dunbar Ave
Oldsmar, FL 34677

Tel: (855) 326.7352
Fax: (813) 855.3916

www.dansceilingfans.com
onlinesales@dansceilingfans.com