

# 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](mailto:onlinesales@dansceilingfans.com))

Date: 7/1/2021 Invoice #: 58973

Cardholder Name: MELANIE JANSSEN

Visa  MasterCard  American Express  Discover

Card Number: 

3	7	2	7	-	2	7	5	0	-	4	2	1	-	0	7	0
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Exp. Date: 10/24

CVV/CVC: 

2	8	5	8
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Billing Address: 311 SADDLEBRANCH CT

City: HOUSTON State/Province: TEXAS

Zip/Postal Code: 77024 Phone Number: 713-682-2800

Email Address: ACCOUNTS@LUCINDALOYA.COM

The amount of \$1,903.98 for invoice 58973. (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: Melanie Janssen

Signature:

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](http://www.dansceilingfans.com)  
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