

# 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))

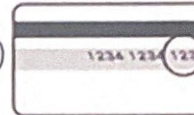
Date: 9/16/21 Invoice #: 60817

Cardholder Name: Ashley Simmons

Visa  MasterCard  American Express  Discover

Card Number: 371918-318210-93711-010101

Exp. Date: 10/24 CVV/CVC: 81760



Billing Address: 1934 commerce ln ste 4

City: Jupiter State/Province: FL

Zip/Postal Code: 33458 Phone Number: 561 529 2614

Email Address: gmatura.ssig@gmail.com

The amount of \$ 863.00 for invoice 60817 (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: Ashley Simmons

Signature: [Handwritten 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)  
[onlinesales@dansceilingfans.com](mailto:onlinesales@dansceilingfans.com)