

# Advantus Corp.

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## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ do hereby authorize Advantus Corp.

### Print your name

to charge my credit card for any and all charges relating to the goods I am purchasing from Advantus. I understand that these goods are sold as final sale and are not returnable and the order is not cancelable once placed. Advantus reserves the right to accept returns at its discretion and only with prior written authorization. This form will be kept on file for future purchases and the same terms will apply to future purchases. By signing below you agree that future charges may be charged to the same credit card without further authorizations. Any charges related to collecting balances on this purchase or future purchases will be charged to the cardholder including attorney's fees and interest at the highest rate allowable by law. I agree to these terms by signing below.

### Authorized Signature X \_\_\_\_\_

Credit Card:      MasterCard      Visa      American Express      (check one)

Card # \_\_\_\_\_      Expiration date \_\_\_\_\_ / \_\_\_\_\_      CVV# \_\_\_\_\_  
Month      Year

### Billing address:

\_\_\_\_\_  
Cardholder Name as it appears on card

\_\_\_\_\_  
Email

\_\_\_\_\_  
Company Name

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

\_\_\_\_\_  
City      County (REQUIRED)      State      Zip

Telephone# \_\_\_\_\_      Fax # \_\_\_\_\_

### Ship to address: (if different than bill to address—if same write SAME)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address 1

\_\_\_\_\_  
Street Address 2 (please put a persons name here so we can send to their attention)

\_\_\_\_\_  
City      State      Zip

**FAX BACK TO 904-482-0099 WITH ORDER!**