



**T H R E E
H A N D S**

Credit Card Authorization Form

Please complete this form
and fax back for authorization

Corporate Showroom & Headquarters
13259 Ralston Avenue
Sylmar, CA 91342
Toll Free 800 443 5443
Fax 818 833 1212
www.threehands.com

Company Name

Name on Card (Print Name)

Phone #

Authorized \$ Amount
(USD)

CC Billing Address, City, State, Zip

Referenced Invoice #'s

Credit Card Type: VISA MC AMEX

Credit Card #: _____

Expiration Date: _____

CVV Code: _____

Signature of Card Holder / Authorized Officer: _____

Date: _____

I/We further authorize Three Hands Corp. to charge all future signed orders/PO's to the above noted credit card until such time as revoked by the cardholder in writing or in the event that other payment terms have been offered and accepted by both parties.

Signature of Card older / Authorized Officer: _____

Date:

***By signing this form I/We hereby authorize Three Hands Corp. to charge our Credit Card the full amount authorized, and agree to the Terms that this transaction, along with any possible future transactions has been authorized to use the Credit Card on file, cannot be stopped/reversed by the issuing bank of the Credit Card, without the full knowledge and consent of Three Hands Corp.