



# BALLOON RUSH

www.balloonrush.com

305 420 5953

## **CREDIT CARD AUTHORIZATION FORM**

### **Instructions:**

- 1) Fill in all blank areas. If faxing the form, cardholder must provide signature for charges to be paid with this card.
- 2) Provide an e-mail address where we can send you a receipt (if requested) and contact you for verification purposes.
- 3) Please e-mail the form as an attachment to [sales@balloonrush.com](mailto:sales@balloonrush.com), or fax to 305 420 6356

Name as it appears on credit card:	
Billing Address (with zip code)	
E-mail Address	
Credit Card Type (Visa, MasterCard, American Express)	
Credit Card Number	
Expiration Date	

**I, the undersigned, hereby authorize Balloon Rush to charge the credit card above for the charges listed below. I understand that the charge will appear on my credit card as from the Balloon Rush.**

**Amount to Charge: \$ \_\_\_\_\_ Authorized Signature \_\_\_\_\_**

**I would like a copy of my receipt e-mailed to me.    ☐ YES    ☐ NO**

\_\_\_\_\_  
For Office Use Only

Event \_\_\_\_\_

Type of Payment \_\_\_\_\_