Credit Card Authorization Form

Name on the card ____Andres Valle_____

Type of Card: Visa Mastercard X American Express Discover

Other _____

Account Number ___3715 56890757000_____

Expiration Date ___11/24_____

Security Code ___3467_____

Billing Address __8200 NW 41 St STE 200 _____

City, State, Zip ___Doral_____

Phone Number ___3059298581_____

Quote/Order Number ___PO#201746_____

Item(s) Purchased __Divibin Clear_____

_____

Amount to be Charged ____$2978_____

By signing this form, you authorize iSee Store Innovations to charge your card for the amount listed above.

Signed _____ Date __04/28/2023_____