



# HASSELL FREE SHIPPING

INCORPORATED

4310 SW Port Way  
Palm City, FL 34990  
772-219-4521 Ext. 304  
Fax: 772-907-6133  
shipping@hassellfree.com

## Credit Card Authorization Form

Directions: This form must be accompanied by a copy of the cardholder's Driver's License and a (front & back) copy of the Credit Card. Please fax, or email scanned copies, to 772-907-6133.

Name \_\_\_\_\_

Business name on card (if applicable): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type : Amex \_\_\_\_\_ Visa \_\_\_\_\_ MCard \_\_\_\_\_ Discover: \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Security Code: \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Cardholder: \_\_\_\_\_