



7300 COMMERCIAL CIRCLE  
FORT PIERCE, FLORIDA 34951  
PHONE: 772-461-4486 FAX: 772-461-3319

## AUTHORIZATION OF CHARGES

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

I, \_\_\_\_\_  
[Printed Name of Cardholder]

authorize the use of my credit card:

VISA

MASTERCARD

AMERICAN EXPRESS

for charges incurred at Pressure-Pro, Inc. 7300 Commercial Circle, Fort Pierce, FL 34951.

I accept full responsibility and agree to pay for my purchases.

Credit Card Number \_\_\_\_\_

CVV Number (last three numbers on back of card) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Cardholder's Comments