

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX: (866) 541-9095 OR BY REGULAR MAIL.

NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type:
_____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date:
_____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

FAX or send the authorization to:

H Built, Inc.
7119 S Tamiami Trail
Suite L
Sarasota, FL 34231
Phone (941) 926-2629 Fax (866) 541-9095