

**Flexfit - New York**

350 Karin Lane  
Hicksville, NY 11801  
PH: (800) 424-4464  
FX: (516) 932-6221

**Flexfit - California**

625 Columbia St.  
Brea, CA 92821  
PH: (866) 941-2555  
FX: (714) 447-9475

## Credit Card Authorization Form

Account Name	<input type="text"/>		
I/We authorize Flexfit LLC to charge my/our:			
Credit Card Type	<input type="text"/>	Account #	<input type="text"/>
		Exp. Date	<input type="text"/>

Business Name	<input type="text"/>
Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone Number	<input type="text"/>

The purpose of this statement above is to authorize Flexfit, LLC (the merchant) to process credit card transactions from the above stated applicant. These transactions will be processed vis phone, fax, or emailed orders at the merchant's location.

By signing this document I/We are accepting all responsibilities for these transactions to ensure full and proper payment to the merchant.

Name	Authorized Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>