



**T H R E E  
H A N D S**

**Credit Card Authorization Form**

Please complete this form  
and fax back for authorization

Corporate Showroom & Headquarters  
13259 Ralston Avenue  
Sylmar, CA 91342  
Toll Free 800 443 5443  
Fax 818 833 1212  
www.threehands.com

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

\_\_\_\_\_  
Authorized Officer (Print Name)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Authorized \$ Amount  
(USD)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Referenced Invoice #'s

Credit Card Type:    VISA        MC        AMEX

Credit Card #: \_\_\_\_\_

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

CVS Code: \_\_\_\_\_

Signature of Card Holder / Authorized Officer: \_\_\_\_\_

Date: \_\_\_\_\_

I/We further authorize Three Hands Corp. to charge all future signed orders/PO's to the above noted credit card until such time as revoked by the cardholder in writing or in the event that other payment terms have been offered and accepted by both parties.

Signature of Card older / Authorized Officer: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*By signing this form I/We hereby authorize Three Hands Corp. to charge our Credit Card the full amount authorized, and agree to the Terms that this transaction, along with any possible future transactions has been authorized to use the Credit Card on file, cannot be stopped/reversed by the issuing bank of the Credit Card, without the full knowledge and consent of Three Hands Corp.