

I, _____, authorize Fireworks Limited to charge my credit card for services rendered. Not to exceed the amount shown.

REFERENCE _____

AMOUNT \$_____ USD or CID (circle).

CREDIT CARD TYPE Visa Master Card American Express

CREDIT CARD # _____

THREE DIGIT VERIFICATION NUMBER _____

EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD (PRINT) _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

SIGNATURE

DATE

NEXT STEP:

FAX TO (345) 949-7074 **OR EMAIL TO** info@fireworkslimited.com

DO NOT WRITE BELOW, for company use only.

Thank You for your Business!