

Credit Card Authorization Form



1. Complete the form with credit card billing information.
2. Sign where indicated
3. Submit this form back to Dan's Fan City
(via fax: 813.855.3916 or email onlinesales@dansceilingfans.com)

Date: 3-31-22 Invoice #: 65462

Cardholder Name: THE FLORIDA AQUARIUM

☐ Visa ☐ MasterCard ☒ XXXX American Express ☐ Discover
379490751074002

Card Number:

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9549

Exp. Date: 5/25

CVV/CVC:

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Billing Address: 701 CHANNELSIDE DRIVE

City: TAMPA State/Province: FLA

Zip/Postal Code: 33602 Phone Number: 8133674080

Email Address: VPLACERES@FLAQUARIUM.ORG

☒ The amount of \$ 649.99 for invoice 65462. (one time payment)

I agree to provide accurate credit card details for Credit Card payment transaction. Furthermore, I understand if any problem occurs and the credit card defaults, I will immediately contact Dan's Fan City to provide a different method of payment or different credit card details.

Printed Name: PETE COLANGELO

Signature: *Pete Colangelo*

FOR DAN'S FAN CITY INTERNAL USE ONLY (do not complete this section)

DATE	INVOICE#	AMOUNT	CHARGED BY	AUTH. CODE	NOTES

300 Dunbar Ave
Oldsmar, FL 34677

Tel: (855) 326.7352
Fax: (813) 855.3916

www.dansceilingfans.com
onlinesales@dansceilingfans.com