SHELL HORIZONS

14191 63rd Way Clearwater, FL 33760 | Fax: 727-536-8888

CREDIT CARD PAYMENT AUTHORIZATION & ORDERING FORM All first time customers must fax in their order

NOTE: I AGREE THAT I HAVE PURCHASED FROM SHELL HORIZONS USING MY CREDIT CARD AND THAT TWO CHARGES MAY BE ON MY CREDIT CARD, ONE TO START THE ORDER & ONE TO FINISH THE ORDER ONCE IT HAS BEEN PACKED AND WITH FREIGHT ADDED, THE TWO CHARGES WILL EQUAL MY INVOICE TOTAL AMOUNT EXACTLY. THERE WILL BE NO TAX, NO HANDLING FEE'S.

Full Name:

Address:					
City State Zip:					
Telephone:					
(For Tracking Packages) Email:					
Quantity Item Number				Quantity	Item Number
I AUTHORIZE SHELL HORIZONS, INC. TO PROCESS FULL PAYMENT OF MY ORDER USING MY CREDIT CARD.					
Credit Card Number:					Expiration Date:
Printed Name:					Security Code:
Signature of Cardholder:					Today's Date:

Your signature must match name on credit card and name on order.

FAX This Form To: (727) 536-8888 Freight will be added to order after order is packed