



Oasis Sunrooms & Spas
455 Amherst Street
Route 101A
Nashua, NH 03063
Tel: 603-595-SPAS (7727)
Fax: 603-595-3336

Credit Card Authorization Form

CARD HOLDER INFORMATION

Company Name:	Name on Card:	
Card Holder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

PAYMENT AUTHORIZATION

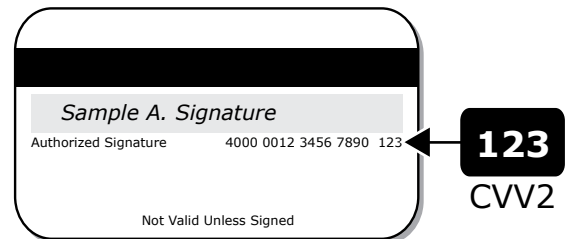
Card Type: Visa MasterCard Discover

Card Number: _____ Exp. Date: _____

Card Identification Number: _____

Please reference the picture to the right for the location of this number on your card. (CVV2)

(Visa, Mastercard & Discover: 3 digits on back)



I wish to authorize the purchase of services/merchandise from Oasis Sunrooms & Spas, Inc. using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold Oasis Sunrooms & Spas, Inc. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid for a period of one (1) year.

Directions: Please print this page, fill in all required information above, and fax to Oasis Sunrooms & Spas at 603-595-3336, or mail to 455 Amherst Street, Nashua, NH 03063.

CONFIDENTIAL

FAX COMPLETED FORM TO 603-595-3336

Print Name: _____

Signature: _____

Date: _____