



Credit Card Authorization Form

Print, complete and sign the form below.

Cardholder's Name _____ (please print)

Cardholder's Billing Address:

City _____ State _____ Zip _____

Country _____

Telephone _____

Email _____

Invoice No. _____ Date _____

Total amount of purchase to be charged to my credit card: \$ _____

Type of card: _____ (Visa, Mastercard, Discover)

Card number: _____ Expiration date: _____

Security code: _____ (3 or 4 digit number)

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card for the items shown on the referenced order/

Signature of cardholder: _____

Date signed: _____

Mail this form to: Ice Designs, Inc., 17402 Wild Rose Trail, Cypress, TX 77429. Fax to 281-213-9225 or email to henleyice@aol.com.