
Credit Card Authorization

Circle one: VISA / MC

CC Number:	
Expiration date:	
CV2 (little code on back)	
Amount to charge	\$
Billing Address	
Billing Zip Code	

I authorize the above amount to be paid to **The Twisted Balloon Company, LLC**. All charges will appear on the statement as “Twisted Balloon Co” (or something similar).

Signature: _____

Print Name : _____

Date: _____

Notes: Please fax this authorization to 1-800-963-2963. If you have any questions call Todd at 718-260-0965 or 1-800-505-8947.
