Advantus Corp.

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CREDIT CARD AUTHORIZATION FORM

I, _____do hereby authorize Advantus Corp.
Print your name
to charge my credit card for any and all charges relating to the goods I am purchasing from Advantus. I understand that these goods are sold as final sale and are not returnable and the order is not cancelable once placed. Advantus reserves the right to accept returns at its discretion and only with prior written authorization. This form will be kept on file for future purchases and the same terms will apply to future purchases. By signing below you agree that future charges may be charged to the same credit card without further authorizations. Any charges related to collecting balances on this purchase or future purchases will be charged to the cardholder including attorneyôs fees and interest at the highest rate allowable by law. I agree to these terms by signing below.

Authorized Signature X_____

Credit Card: MasterCard ☐ Visa ☐ American Express ☐ (check one)

Card #_____ Expiration date _____/_____
Month Year

Billing address:

_____ _____
Cardholder Name as it appears on card **Email**

_____
Company Name

_____
Street Address

_____ _____ _____ _____
City County (REQUIRED) State Zip

Telephone#_____ Fax #_____

Ship to address: (if different than bill to addressð if same write SAME)

_____
Company Name

_____
Street Address 1

_____
Street Address 2(please put a persons name here so we can send to their attention)

_____
City State Zip

FAX BACK TO 904-482-0099 *WITH ORDER!*

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