



# FLYING TIGER COMPANY

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## CREDIT CARD PAYMENT AUTHORIZATION

Date: \_\_\_\_\_

Name of Entity: \_\_\_\_\_

### VISA , MASTER CARD CHARGE 3.5% OF VALUE

*(Please print legibly)*

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
(as appears on statement)

\_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Authorized Signature: \_\_\_\_\_

Name of Person to call with questions: \_\_\_\_\_

Please fax the complete credit card info to: 206 922 2257 or email to: accounting@flyingtigerco.com