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WWW.INDIGOHANDS.COM

INDIGO HANDS

DESIGN COMPANY

C.C.
FORM

I AUTHORIZE INDIGO HANDS DESIGNS COMPANY TO CHARGE

STORE NAME	
NAME ON C.C.	
EXPERATION DATE	
TYPE OF C.C.	
CREDIT CARD NO.	

I AUTHORIZE THAT INDIGO HANDS DESIGNS COMPANY KEEPS THIS CARD ON FILE FOR FUTURE PURCHASES.

((PLEASE INITIAL))

YES:		NO:	
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SIGNITURE OF AUTHORIZED SIGNER: _____

DATE : _____