



CREDIT CARD AUTHORIZATION FORM

Date:

BI Customer Account #

BI Customer Name:

Credit Card Holder Name:

Credit Card Holder Signature:

Billing Address:

Credit Card Type: MasterCard Visa Amex Discover

Credit Card Number:

Security Code:

Expiration Date:

BI Invoice #:

Total Charge Amount: \$

This form authorizes Bainbridge International to charge my credit card as outlined above.

BAINBRIDGE INTERNATIONAL, INC.
255 Revere Street
Canton MA 02021
800.422.5684

BAINBRIDGE INTERNATIONAL WEST
15242 Transistor Lane
Huntington Beach CA 92649
800.433.0101

BAINBRIDGE INTERNATIONAL S/EAST
2580 N. Powerline Road, Suite: 603
Pompano Beach FL 33069
855.599.7741



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