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Credit Card Authorization Form

Information Necessary For Credit Card Transactions

Company: _____

Address: _____

Name of Record as Owner of Card: _____

Billing Address: _____

Type of Card:

Visa _____

Mastercard _____

American Express _____

Discover _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Email address to send Credit Card Receipt: _____

Customer Signature _____

Date _____