

# Escante, Inc.

## CREDIT CARD AUTHORIZATION

Escante, Inc. requires that all credit card paying customers sign and date the Credit Card Authorization Form giving Escante, Inc the authorization to charge the customers purchases. All information is kept strictly confidential. Declined Credit Cards will be assessed a Merchant fee of \$5.00 per transaction but not to exceed \$15.00.

**Please fill out this form and fax it back to Escante at 210-681-8566 or mail it to the address below. Thank You.**

_____ Name of Account		_____ Escante Account #	
_____ NAME ON CARD		_____ CREDIT CARD NUMBER	
_____ Billing Address (where the Credit Card statement is received)		_____ State	_____ ZIP
Master Card OR VISA		Exp. Date	_____
I fully understand and agree to the terms stated above and acknowledge that Escante, Inc. will charge my purchases on the referenced Credit Card(s).			
** OPTIONAL ALTERNATE CC INFO **			
_____ Signature of Card Holder		_____ Credit Card #	
_____ PHONE		_____ Exp. Date.	
_____ DATE		_____ Billing Address (if different from above)	

\*\* All Escante policies and procedured can be found on the back of all your invoices \*\*