



Credit Card Charge Form

The undersigned hereby authorizes Bigidea Wraps Inc. to charge the following credit card with the following two transactions.

- 1- the project Deposit now, and
- 2- the Final Payment amount once the job is complete.

A paid invoice will be emailed for each credit card transaction.

Client Email Address for paid invoice:

Name as it appears on card: _____

Credit Card Billing Address

Street address: _____

City: _____ **State:** _____ **ZIPCODE:** _____

Credit Card Type: _____ VISA _____ MC _____ AMEX _____ OTHER _____

Card Number: _____

***V-Code:** _____ **Expiration Date on Card:** _____

*V-Code: Last three digits of number that appears on the back of the card except in the case of the AMEX card which has 4 digits on the front of the card which is its V-Code.

I hereby authorize BIGIDEA WRAPS INC. to initiate debit entries to the credit card account indicated above for the deposit and the final payment of services rendered and detailed on the Proposal / Invoice.

Cardholder Signature: _____ **Date:** _____

Please FAX back this completed form to

(786) 513-0574

Thank you for your business!

Bigidea Wraps Inc. 21011 Johnson St, Suite #124, Pembroke Pines, FL 33029

Office: (954)-431-4062 Email: info@bigidea.net

We accept all major credit cards

