

# Island Gear, LLC

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Ft. Lauderdale, FL 33311  
*Your source for towels.*

www.towelsworld.com  
Toll-Free 866-5-TOWELS  
Office 954-739-1117

**Fax 954-739-3717**

## Credit Card Authorization

Date _____	
Company Name _____	
Address-City-State-Zip _____	
Telephone # _____	Fax # _____

I hereby authorize **Island Gear, LLC** to use my credit card for purchases made from Island Gear, LLC.  
I understand that my credit card will be charged before goods will be released. **Please Check One**

<input type="checkbox"/> VISA	_____	_____	_____
	Credit Card Number	3 Digit Code	Expiration Date
<input type="checkbox"/> MASTER CARD	_____	_____	_____
	Credit Card Number	3 Digit Code	Expiration Date
<input type="checkbox"/> DISCOVER	_____	_____	_____
	Credit Card Number	3 Digit Code	Expiration Date

**Print** full name as it appears on card \_\_\_\_\_

_____	_____	_____	_____
Credit Card Billing Address	City	State	Zip Code

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### Cardholder Signature

The following persons and/or companies are authorized to use this credit card on my behalf.

\_\_\_\_\_

I understand that I am obligated to notify **Island Gear, LLC** if there are any changes in the authorized users. I further understand and agree that my credit card account will be charged in the event the card is used by formerly authorized users, unless I notify **Island Gear, LLC** in writing of changes in the authorized users. I understand once an authorization has been made for a charge on my credit card account, **Island Gear, LLC** has the right to rely thereon and I will not seek any reversal of credit card charges subsequent to their authorization. If there are any disputes over this authorization, they shall be determined under Florida law, with Broward County Courts having jurisdiction over any such dispute.

**This authorization must be renewed upon expiration.**