



Credit Card Payment Authorization Form

When completed, please fax this form to 888.218.7068 or scan to info@largestmixer.com

Credit card type: _____

Credit card number: _____

Expiration date: _____ Security Code: _____

Cardholder name (exactly as printed on the card): _____

Billing address: _____

City: _____ State: _____ ZIP: _____

Payment Authorization

I hereby authorize Largest Mixer to charge \$_____ to the credit card indicated above.

All transactions are subject to approval by your credit card company. All sales are final.

Cardholder/Authorized signature: _____ Date: _____