

**Brouhard Design LLC**  
Credit Card Use Authorization Form

Legal Name of Business or Individual Authorizing the Charge  
(If Corporation, List Full Corporation Name)

1 \_\_\_\_\_

Card Billing Address If Different from Business Address

2 \_\_\_\_\_

In the Event of a NON-SUFFICIENT FUNDS Check returned, Card Holder  
Authorizes Use by Brouhard Designs LLC      Print and Sign

3 \_\_\_\_\_

4 Date \_\_\_\_\_

Credit Card Information

AMX      DIS      MC      Visa      Circle One

Card Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

AMX      DIS      MC      Visa      Circle One

Card Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as Appears On the Card \_\_\_\_\_ 3 or 4 Digit Sec Code \_\_\_\_\_

Signature of Card Holder/ or Authorized User \_\_\_\_\_ Date \_\_\_\_\_

Please Fax Form Back to:    530-346-7582

Brouhard Designs LLC  
P.O 1087 Rocklin, CA 95677  
[www.brouharddesigns.com](http://www.brouharddesigns.com)