



Debit Agreement

Credit Card Authorization

I agree that the amount stated below will be charged on my credit card. Charges are for services rendered.

Visa Card

MasterCard

Card Holders Name: _____
As it appears on Card

Billing Address on Card: _____

City / State / Zip Code (zip code is very important)

Card Number: _____

Expiration Date ____/____/____

CCID # _____
3 Digit Code on back of MC / Visa

Amount Due \$ _____

Signature: _____ Date: ____/____/____

On your statement the charges will appear as

Incoming & Entertainment, Inc.

**Please fax to: 239-369-6282
e-Mail to Heinz@ie-florida.com**

