



Credit Card Transaction Information

I, the undersigned, authorize Fan in a Box, LLC to use my credit card for transaction listed below.

Cardholder Information (needs to match credit card information)

Name: Amy Duffy

Company: SCPRT

Address: 1205 Pendleton St.

City: Columbia State: SC Zip: 29205

Phone Number: 803-206-6947

Email Address: aduffy@scprt.com

Card Details

Card Type: VISA MASTERCARD AMEX

Card Number: 3725 202 706 84001

Expiration Date: 4-17

CVN 7640

Transaction Details

Invoice #: _____

Description: _____

Amount to charge: \$ _____

Complete and fax to: (559) 255-8179.