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Please fax the form below to 616.588.6336, or call 616.240.1449.

Cardholder's name: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Card type:
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Expiration date: \_\_\_\_/\_\_\_\_

I authorize Big Splash Studio, Ltd. To charge this card every 30 days for full payment on my account balance with Big Splash Studio.

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