

**The Hudson Valley  
Umbrella Co. Inc.**  
12 Ford Products Rd.  
Valley Cottage, NY 10989  
U S A

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**www.strombergbrand.com**

PPAI 114212  
ASI 89955  
UPIC 1ASTRMBG  
SAGE 57801



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## CREDIT CARD PAYMENT FORM

To use your Credit Card as a convenient form of payment, please complete this form and fax it to 845-535-3778

**I** authorize Hudson Valley Umbrella Company (dba: Stromberg Brand) to charge either my company or personal credit card (MasterCard or Visa) for payment of purchases made. I also authorize the shipment of merchandise to the address indicated on my order, realizing that this may not be either my billing address nor the address of my company.

I further realize that the merchandise I am ordering is custom manufactured to my specifications and that it cannot be returned for credit without written authorization from Hudson Valley Umbrella Company (Stromberg Brand). I may also be authorizing Hudson Valley Umbrella Company (Stromberg Brand) to accept this credit card payment as a deposit toward my order(s). I understand that my deposit may be forfeited if I do not pay the balance of funds required to release any merchandise. We the customer agree that any disputes whatsoever regarding the manufacture, delivery, quality, pricing, and/or any other issues regarding obligations due Hudson Valley Umbrella Company (Stromberg Brand) will be resolved directly between the above mentioned Customer and Hudson Valley Umbrella Company (Stromberg Brand). Therefore, as part of this Agreement, we, the Customer, stipulate we will not generate chargebacks through our credit card company and a facsimile signature is to be considered as an original.

Should it become necessary, we also authorize Hudson Valley Umbrella Co. (Stromberg Brand) to debit the following charges, but not limited to, freight, postage, and any other customer incurred charges as billed by Hudson Valley Umbrella Co. (Stromberg Brand). Please also note that an additional 3% convenience fee may be requested for specific types of job orders.

**Please fill out the form below completely. Print with black pen or marker for FAX transmission:**

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COMPANY NAME \_\_\_\_\_ ASI NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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TYPE OF CREDIT CARD (Check one):  VISA  MC  DISCOVER  AMEX

CARD NO. \_\_\_\_\_ CVV CODE (3-Digit) \_\_\_\_\_

NAME (As it appears on card) \_\_\_\_\_ EXP. DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

P.O. or INVOICE NO. \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_