

CREDIT CARD AUTHORIZATION FORM

WE ACCEPT MC/VISA/AMEX & DISCV

I, _____, authorize (your name),

to post a RETAINING DEPOSIT(S) OR OTHER PAYMENT(S)

IN THE AMOUNT OF \$ _____ FOR _____

FOR _____ to my credit card.

(COUPLES LAST NAMES & EVENT DATE)

TYPE OF CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ **3 DIGIT CODE** _____
(on back of card)

CARD HOLDER'S NAME: _____
(Must be as it appears on the card)

CARD HOLDER'S ADDRESS: _____
(Credit Card Billing Adress)

CARD HOLDER'S PH NUMBER: _____

CARD HOLDER'S SIGNATURE: _____

REMAINING BALANCE WILL BE PAID HOW?

SAME METHOD AS ABOVE: YES _____ NO _____

There will be a merchant service fee attached to balances placed at 3% on ALL CHARGES.