



CREDIT CARD AUTHORIZATION

Customer Information

Company name _____

Address _____

(City) (State) (Zip Code)

Tel _____ Contact _____

Fax _____

Credit Card Information

Card Type Visa
 Mastercard
 American Express
 Discover

Card # _____

Expiration Date _____

Name on Card _____

Billing Address _____

(City) (State) (Zip Code)

Authorization

I, _____, hereby authorize Seraphic Studio to charge my credit card specified above the amount of \$ _____ for the services or purchases from Seraphic Studio

Name _____ Title _____

Signature _____ Date _____