



AUTHORIZATION FORM

CARDHOLDER NAME: _____

CREDIT CARD NUMBER: _____

TYPE: VISA MASTERCARD AMEX OTHER _____

EXPIRATION DATE: ____/____/____

TOTAL AMOUNT: _____

I authorize this charge to my credit card

signature of the cardholder

date

Please, send us a copy of the front and back of your credit card .

Thank you for your business!

ps.: 4% surcharge when using Mastercard/Visa and 5% surcharge when using American Express.

