



## Credit Card Authorization Form

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I, \_\_\_\_\_ (print name), hereby authorize Artwistic Creations, to charge my credit card account for charges incurred from their services.

( ) VISA ( ) MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ VID Code: \_\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

As the credit card holder, I also authorize Artwistic Creations to charge my credit card for future purchases verbally or electronically approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Artwistic Creations will keep all information entered on this form strictly confidential.

Please fax this completed and signed document to (949) 218-0563.