



Credit Card Authorization Form

In order for Art Classics Ltd. to accept and bill your credit card, please complete all fields, SIGN and date, and fax it to 800-453-2293 or return via mail. All information kept on file is strictly confidential. Art Classics Ltd. terms require a 100% downpayment (with the order) and the freight due upon shipment. This will appear as two charges on your credit card.

Credit Card Billing Information: (as shown on Credit Card Statement)

Full Name: _____ Zip Code: _____
Company: _____ Phone: _____
Address: _____ Fax: _____
City/State: _____ E-mail: _____

Credit Type:(circle) Visa MasterCard American Express

Card#: _____ Exp. Date: _____
CVV# _____

One Invoice Use: I hereby authorize Art Classics Ltd. to charge the indicated credit card the amount for the invoice. This is a one invoice charge authorization that includes a 100% downpayment charge and a second charge for the freight upon shipment. I am NOT authorizing Art Classics Ltd. to charge my credit card for future invoices. I understand that if I wish Art Classics Ltd. to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

Keep on File: I hereby authorize Art Classics Ltd. to charge the indicated credit card for future invoices.

Authorization:

I hereby authorize Art Classics Ltd. to charge the indicated credit card. I agree that this is either a one time or periodic charge that will be made as indicated above. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this one invoice or recurring billing agreement with Art Classics Ltd.

Signature of Card Holder: _____ **Date:** _____