



## 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:** \_\_\_\_\_