

Credit Card Authorization Form

I,	hereby authorize James Hare to charge my
(Cardholder Name)	I understand that these
	d/or services by the above referenced merchant.
	or survivees by the ties of the residence incomment.
Type of Credit/Debit Card:	MasterCard
American Express	
*Credit Card Number:	
Expiration Date:	
Cardholder Name:	tly as it appears on the card)
(Exac	uy as it appears on the card)
Billing Address:	
City, State, Zip:	
CVV Code:	
CVV Code:(M.C. or Visa 3 digits on bad	ck Amex front- four digits)
	, I certify the foregoing is true and
correct.	, rectify the foregoing is true and
contect.	
	e the charges described above. I also acknowledge payment in a the standard policy of the issuing bank. I hereby waive my
Cardholder Signature:	Date:
Cardholders E-mail Address:	
Invoice/Order#:	
Name of Showroom processing order	