

Credit Card Authorization Form

Name on the
Card: _____

Type of
Card:

Visa MC

Account
Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice
Number _____

Item(s) Purchased _____

Amount to be
Charged _____

**By signing this form, you authorize _____
to charge your card for the amount listed above.**

Signed: _____ Date: _____

Please email or fax back to:
oldworldtraditions@gmail.com
fax: 760-749-6383

www.old-world-traditions.com