

ArtiCrafts™

GIFTS, SOUVENIRS & HOME DECOR

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Credit Card Authorization Form

CUST. P.O.# _____ DATE: _____

COMPANY NAME: _____

NAME: _____

(AS IT APPEARS ON YOUR CARD)

ADDRESS: _____

PHONE NUMBER _____

CREDIT CARD INFORMATION: VISA MSC AMEX DISCOVER

ACCOUNT NUMBER _____

EXPIRATION DATE: _____ CVC: _____

(3 Digit code on back signature panel)

PERMANENT _____

TEMPORARY _____

CARDHOLDER SIGNATURE _____

- BY SIGNING THE ABOVE FORM YOU AUTHORIZE ARTICRAFTS TO CHARGE YOUR CREDIT CARD FOR THE TOTAL AMOUNT OF THE ORDER
- PLEASE NOTE THAT FOR PERMANENT CARDS ON FILE YOUR CARD WILL BE CHARGED AND YOUR ORDER WILL BE SHIPPED AUTOMATICALLY UNLESS OTHERWISE NOTED.
- TEMPORARY FORMS WILL BE KEPT ON FILE FOR REFERENCE ONLY
- ARTICRAFTS WILL NOT SHARE ANY INFORMATION PROVIDED WITH ANYONE OF OUR AFFILIATES OR EMPLOYEES. THIS WILL ONLY BE AVAILABLE TO THE CREDIT MANAGER.

OFFICE USE: DATE CHARGED _____ TOTAL AMOUNT _____