



Credit Card Authorization Form

Please print and complete this authorization form and return to us.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

Email Address: _____

Credit Card Type: _____ VISA _____ MasterCard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to be charged: \$_____

*I authorize Artistic Quilting to charge the agreed amount listed above to my credit card provided above.
I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.*

Cardholder – Print Name, Sign, and Date Below:

Print Name: _____

Signature: _____

Date: _____

Please return completed form to:

Sheyla Luna

Artistic Quilting

PO Box 5171

High Point, NC 27262-5171

336-884-8822

sheyla@artisticquiltinginc.com

