

## Credit Card Authorization Form

Name: \_\_\_\_\_

How did you hear about us? : \_\_\_\_\_

### Contact information

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Card information

Card type: \_\_\_\_\_

Name on card: \_\_\_\_\_

CC number: \_\_\_\_\_

EXP date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing zip: \_\_\_\_\_

I, \_\_\_\_\_, authorize Plate & Patina, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_