

ABC

# ANYTHING BUT COSTUMES

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## Credit Card Authorization Form

**This form authorizes Anything But Costumes to charge your/your company's credit card. Your signing of this form represents your acceptance and agreement to the terms mentioned in this form.**

I, \_\_\_\_\_ am using my credit card to pay for my current charge. I agree that Anything But Costumes may charge my credit card for my current invoice # \_\_\_\_\_

Credit Card type: (MC or V) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Holder's Name: (as it appears on the credit card) \_\_\_\_\_

Expiration date: \_\_\_\_\_

VID Code: (last 3 or 4 digits on back of card) \_\_\_\_\_

Credit Card Billing Address: (address credit card statements are mailed to.)

Company: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip Code: \_\_\_\_\_

I understand and agree that should I dispute the above credit charge through my credit card issuer or credit provider, it will constitute a breach of contract as well as credit card fraud. This payment authorization agreement is made and effective \_\_\_\_\_ (date) by and between \_\_\_\_\_

and Anything But Costumes. By signing below, I acknowledge the credit card charges described herein.

Card Holder signature: \_\_\_\_\_

Card Holder name: (print) \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

