AVALON GALLERY

PO Box 4837 • Carmel CA 93921
Tel (831) 622-0830 • Fax (831) 624-9378
info@avalongallery.com

CREDIT CARD AUTHORIZATION FORM

Instructions:

1. Fill out all questions on the form with a dark pen.
2. Sign the form with the credit card holder's signature on the line indicated.
3. Include a photocopy of the front and back of the signed credit card.
4. Include a photocopy of the front and back of the card holder's driver's license.
5. FAX the completed form and copies to Avalon Gallery at **831-624-9378.**

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1. Name of credit-card issuing bank/company: _____
   Visa / MasterCard / American Express (please circle one)
2. Credit card number: _____
3. Expiration date: _____
4. Name as shown on credit card: _____
5. Billing address: _____
6. Home phone: _____
7. Work phone: _____
8. 800 customer service # on back of credit card: _____
9. Authorization to charge the amount of: _____
10. As payment towards: _____
11. **X** _____ _____
    Signature of card holder Date

(Optional) As the credit card holder, I also authorize Avalon Gallery to charge my credit card for future purchases or layaway payments approved by me:

Authorization valid until: _____ /_____ Initials here: _____

Your completion of this authorization form helps us to protect our valued customers from credit card fraud. All information entered on this form will be kept strictly confidential.