

## Credit Card Authorization Form

Name on the  
Card: \_\_\_\_\_

Type of  
Card:

Visa  MC

Account  
Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Order/Invoice  
Number \_\_\_\_\_

Item(s) Purchased \_\_\_\_\_

Amount to be  
Charged \_\_\_\_\_

**By signing this form, you authorize \_\_\_\_\_  
to charge your card for the amount listed above.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please email or fax back to:  
**oldworldtraditions@gmail.com**  
**fax: 760-749-6383**

[www.old-world-traditions.com](http://www.old-world-traditions.com)