

## Credit Card Authorization Form

Brown Bowen and Company, LLC  
205 South Goose Hill Rd  
Rocky Face, Georgia 30740

### Account Information:

Store Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Card Information:

Card Type:     Visa             Mastercard             AmEx             Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Card Billing Address:	Store Shipping Address:
_____	_____
_____	_____
_____	_____

I authorize Brown Bowen and Company, LLC to charge the credit card provided for goods to be shipped within 48 hours of my charge. My signature on this Credit Card Authorization Form acknowledges that I fully understand that the credit card information above will be kept on file for use with future shipments, and that I will not be called (without prior agreement) to be called prior to charging. In the event that my credit card declines three times or more, I understand that my order will be cancelled.

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

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