



2201 MCDOWELL DR. ♦ EULESS, TEXAS 76039  
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## CREDIT CARD AUTHORIZATION FORM

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

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

Credit Card Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Expiration Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

### CARD HOLDER ONLY

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount to be debited: \$\_\_\_\_\_ + Shipping

Authorized by:

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

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

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

\*Credit Cards will ONLY be charged per approval from client per transaction