

CREDIT CARD AUTHORIZATION FORM

Please fill in upper portion of form and fax back to: 714-990-3657
Or email to order@childtocherish.com

Date: _____ **Account #** _____

Customer Name: _____

Name on Credit Card: _____

M/C _____ **Visa** _____

Credit Card #: _____

Expiration Date: _____ **Customer #:** _____

Amount of Transaction: _____ **Invoice #:** _____

Customer Approval: _____

Signature

Accounting Use Only

Date Processed _____ **Capture #** _____

Ref # _____ **Batch #** _____

Processed by: _____