



# PAYMENT

SHIP TO:

NAME:

PO#:

EVENT DATE:

ORDER#:

## CREDIT CARD AUTHORIZATION FORM

NAME ON CREDIT CARD: \_\_\_\_\_

ADDRESS OF CARD HOLDER: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV CODE: \_\_\_\_\_

TYPE OF CARD: VISA \_\_\_\_\_ MC \_\_\_\_\_ DISC \_\_\_\_\_ AMEX \_\_\_\_\_

As the credit card holder, I hereby authorize AD-BIB to charge the following amount. Any changes to the order or ship method may result in additional charges. By authorizing this purchase, I agree to the terms of this sale and policies of AD-BIB. Credit card statement will list our parent company.

AMOUNT DUE: \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

*Thank you for your order!*