

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

☐ Other _____

Cardholder Name (as shown on card): _____

Credit Card Number _____

Expiration Date (mm/yy): _____

CVV _____

Cardholder Billing address and ZIP Code (from credit card billing address):

Phone Number of card holder _____

Amount to charge: _____ Other instructions: _____

I, _____ authorize Suitcase of Dreams to charge my credit card above for agreed upon purchases.

_____ I give my permission for my information to be saved for future transactions on my account and with verbal consent between myself and Suitcase of Dreams.

_____ I do not give my permission for my information to be saved for future transactions.

Customer Signature _____ Date _____

Customer printed name _____