



Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Street Address: _____

Suburb: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Direct Telephone: (_____) _____

PURCHASE INFORMATION

I authorize a one-time charge by Studio You against my credit card for the total amount of \$ _____

I do not authorize my credit card to be kept on file for future purchases

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Other, please state

Name on card: _____

Card Number: _____

Exp Month: _____ Exp Year: _____

Cardholder Signature _____ Date ____/____/____

CCV: _____