



## CREDIT CARD AUTHORIZATION FORM

In order to charge your credit card, we must receive your signed authorization. Please fill out the following information and return to the address or fax below.

type of card: AMERICAN EXPRESS VISA MASTERCARD

company name: \_\_\_\_\_

phone number: \_\_\_\_\_

account number: \_\_\_\_\_ expiration date: \_\_\_\_\_

v code: \_\_\_\_\_ (last 3 digits on back of card)

name of card holder: \_\_\_\_\_  
(please print name as it appears on card)

card holders billing address: \_\_\_\_\_

I authorize tracywatts, Inc. to charge my credit card (shown above) in the amount of \$ \_\_\_\_\_ for merchandise shipped on \_\_\_\_\_.

signature of card holder: \_\_\_\_\_ date: \_\_\_\_\_

the parties agree that a facsimile of this signed agreement constitutes and original and binding document.

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