



# The Studio of South Tampa

## 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): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

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

Cardholder ZIP Code (from credit card billing address):

\_\_\_\_\_

I, \_\_\_\_\_, authorize *Ernesta Chicklowski* (The Studio of South Tampa) to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_

Customer Signature

Date

Charge Date   Amount   Class

Charge Date   Amount   Class