



CREDIT CARD AUTHORIZATION FORM

STATEMENT OF AUTHORIZATION AND GUARANTY OF PAYMENT

This authorizes **CECELIA A. TABOIS LLC**, dba **TABOIS GALERIE**, and its successors and assigns, hereinafter referred to as "Merchant," to process credit card transactions from the information stated hereon. These transactions will be processed via telephone or e-mail orders, or in person, at any of the Merchant's locations of business.

I/We are the individuals to whom the card has been issued. I/We will update Merchant upon the expiration date and/or other necessary information as the credit card is renewed and/or changed. I/We acknowledge that I/we are solely responsible to know whether the issuing bank will decline a credit card purchase. I/We understand that any purchases declined by the issuing bank will not delivered or shipped and may be subject to a fee which will be my/our sole responsibility.

I/We have read and agree to be bound by the Terms, Conditions, and Return Procedures as outlined in Merchant's price list. I/We will not request a chargeback through my/our issuing bank without first obtaining authorization from Merchant. I/We understand that any credits processed through Merchant for purchases made may be subject to a 5% handling fee. In addition, by completing and signing this document below, I/we am/are accepting full responsibility for these transactions to ensure full and proper payment to the Merchant.

PLEASE PRINT, COMPLETE, AND RETURN VIA MAIL OR FACSIMILE

CARDHOLDER(S) EXACT NAME AND BILLING ADDRESS AS IT APPEARS ON BILLING STATEMENTS

Amount of Charge: _____ **For: Purchase** _____ *** IASPAW Membership** _____

Credit Card Number: _____ - _____ - _____ - _____ **VISA** _____ **MasterCard**

Expiration Date: ____/____ **CVV Code:** _____ (in signature area, last 3 digits after the credit card no.)

Customer Service Telephone Number: (____) _____ - _____ (see back of card)

Business Name: _____

Cardholder Name(s): _____

Address: _____

State: _____ **Zip Code:** _____ **Tel.:** (____) _____ - _____ **Fax:** (____) _____ - _____

Authorized Signature: _____ **Date:** _____

***As the credit card holder, I also authorize Cecelia A. TaBois, LLC to charge my credit card for applicable shipping and handling charges and future purchases either verbally approved or sent to the Merchant via e-mail by me.**

Authorization Valid Until: _____ (date) **Initial here:** _____

1800 Old Meadow Road, Suite 113, McLean, Virginia 22102 ~ E-mail: ctabois@ctabois.com
Tel.: (703) 442-7588 ~ Fax: (703) 917-4365