



Feel The Vision

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.

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 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.

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: _____