

Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND SEND
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AMEX

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize Kai Lin Art LLC to charge the agreed amount listed above to my credit card provided herein.
I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Below:

Name: _____

Signed: _____

Dated: _____

Once signed return the completed form to:

info@kailinart.com or KAI LIN ART 999 Brady Avenue Suite 7 Atlanta GA 30318