



Stunning Arts Gallery & Auction

Unit 28-31 (P1), Kennedy Rd.,

Markham ON L3R 1J5 朗豪坊

Phone/Fax: 905-604-8288

Email: stunningartsgallery@gmail.com

Credit Card Authorization Form 信用卡授权表

CARDHOLDER INFORMATION

持卡人信息

Name 名字: _____

Billing Street Address 账单邮寄地址: _____

Street Address (cont.): _____

City 城市: _____ Province 省: _____ Postal Code 邮编: _____

Country 国家: _____ Email 电子邮件: _____

Telephone 电话: (_____) _____ - _____

Shipping Information (if different)

邮递信息 (如果与持卡人信息不同, 请填写以下邮递信息)

Name 名字: _____

Shipping Address 邮寄地址: _____

City 城市: _____ Province 省: _____ Postal Code 邮编: _____

Country 国家: _____ Telephone 电话: (_____) _____ - _____

CREDIT CARD INFORMATION

信用卡信息

Credit Card Type: MasterCard Visa American Express

Number 信用卡号码: _____

Expiration Month 到期月份: _____ Expiration Year 到期年份: _____

Security Code 卡后三位安全码: _____

By signing this form, you authorize to charge \$_____ your card for the amount listed above.

Cardholder Signature 持卡人签名: _____ Date日期: _____

* Please email or fax this form to Stunning Arts Gallery & Auction, the contact information is at the upper right corner of this form