

The Benefit Shop Foundation Inc AUCTION GALLERY



VISA / MASTERCARD / DISCOVER / AMEX : AUTHORIZATION FORM

In order to process your purchase with our company on Visa, MasterCard, American Express or Discover card(s), we require the following information:

Cardholder Name: _____

Billing Address: _____

Alt Ship Address: _____

Primary Phone: _____

Authorized Credit Card: Visa MasterCard Discover Amex

Card Number: _____

Expiration Date _____ CVV Code: _____

Authorized Amount: _____

This Payment is for (description or Invoice #): _____

Disclaimer:

I hereby authorize The Benefit Shop Foundation Inc to charge the cost of product and/or service to my credit card indicated in this authorization form. This payment is for goods/ services described above certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form. By signing the document, I am accepting all the responsibility for these transactions to ensure full payment to the merchant and acknowledging that all sales are final. I will inform you immediately if use of this card is no longer valid.

Cardholder Signature: _____ Date: _____

Business Name: _____

Please E-mail completed form and a copy of both sides of the credit card to:
neal@thebenefitshop.org

