

Art in Motion

60 Gonyeau Rd
Milton, VT 05468
802-893-7777

Credit Card Payment Authorization Form

Sign and complete this form to authorize Art in Motion to charge your credit card listed below.

Please complete this information:

I _____ authorize Art in Motion to charge my credit card account indicated
(full name)

below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize Art in Motion to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card.