



Van Peursem

P O Box 2171

High Point, NC 27261

1(336) 847-6686

Credit Card Authorization Form

By signing this form, I authorize Van Peursem Ltd to charge my credit card listed below for the amount indicated on or after the indicated day. This is a permission for this invoice only, and does not provide authorization for any additional transactions. All charges are in \$ USD.

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmericanExpress <input type="checkbox"/>	Billing Address Street: _____ # _____ City: _____ State: _____ Tell: _____
Name: _____ (as it appears on the card) Credit card No. _____ Authorization No. (CVV) _____ (3 digit code in the back) Expiration No. _____	

I would like to use this card for:

Invoice number: _____

Invoice Amount: \$ _____

Signature: _____ Date: _____

For any question, please contact our agent below.



VISUAL FLUIDITY

Info@v-f.us
1.212.633.7599
20 West 20th street, #307
New York, NY 10011