



CREDIT CARD AUTHORIZATION FORM

Email address (receipt will be emailed):

Card Type: Visa MasterCard American Express Discover

Cardholder Name (as shown on card):

Credit Card Number:

Expiration Date:

CVV:

Billing Zip Code:

CONSENT

I, the undersigned cardholder, authorize WORLD PLATE to charge the amount required to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

For balance due check appropriate box:

- utilize credit card mentioned above
- I will provide alternate credit card
- Please keep my credit card on file for future orders.

Cardholder's Signature: _____ Date: _____

Please return this form via email. Thank you for your business.