RENWICK
FINE ART SERVICES

# CREDIT CARD AUTHORIZATION FORM

TYPE OF CARD (CIRCLE) AMEX VISA MASTERCARD

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

VERIFICATION CODE (CVC) _____ (3 OR 4 DIGITS)

AUTHORIZED USER _____

NAME ON CARD _____

BILLING ADDRESS _____

_____

CITY/ STATE/ ZIP CODE _____

TELEPHONE HOME/ WORK _____

PREFERRED EMAIL _____

CUSTOMER ACKNOWLEDGES, AUTHORIZES AND AGREES THAT THE TOTAL CHARGES INCURRED FOR THE SERVICES PROVIDED BY RENWICK FINE ART SERVICES SHALL BE CHARGED BY CREDIT CARD.

AUTHORIZATION SIGNATURE _____

DATE _____

**FAX or SCAN/EMAIL or MAIL TO:**
FAX: 718-665-8999
EMAIL: INFO@RENWICKFAS.COM