

RENWICK

FINE ART SERVICES

STORAGE ACCOUNT 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 _____

CUSTOMER AGREES TO MAINTAIN ITS STORAGE ACCOUNT IN GOOD STANDING AND TO PROVIDE AND MAINTAIN A VALID AND PRE-AUTHORIZED CREDIT CARD AUTHORIZATION FORM FROM WHICH CHARGES CAN BE AUTHORIZED AND DEDUCTED BY RFAS ON A MONTHLY BASIS. 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

