



Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Forbeyon to charge my credit card account:

VISA     MasterCard     American Express     Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ VID Code (last 3 digits on back): \_\_\_\_\_

Name on Card \_\_\_\_\_

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_

**This Authorization is approved for. (Select One)**

Single Purchase

Brief Description of Purchase: \_\_\_\_\_

All Purchases

Authorization Valid Until: \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Cardholder's Printed Name

\_\_\_\_\_  
Studio Name

\_\_\_\_\_  
Cardholder's Signature Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Forbeyon will keep all information entered on this form strictly confidential. For any questions please contact customer service.