



# TaBois - Bonhomme Galerie d'Art

## CREDIT CARD AUTHORIZATION FORM

### STATEMENT OF AUTHORIZATION AND GUARANTY OF PAYMENT

This authorizes **Cecelia A. TaBois, LLC**, dba **TaBois-Bonhomme Galerie d'Art**, and its successors and assigns, hereinafter referred to as "Merchant," to process credit card transactions from the information stated hereon. These transactions will be processed via telephone or e-mail orders, or in person, at any of the Merchant's locations of business.

I/We are the individuals to whom the card has been issued. I/We will update Merchant upon the expiration date and/or other necessary information as the credit card is renewed and/or changed. I/We acknowledge that I/we are solely responsible to know whether the issuing bank will decline a credit card purchase. I/We understand that any purchases declined by the issuing bank will not delivered or shipped and may be subject to a fee which will be my/our sole responsibility.

I/We have read and agree to be bound by the Terms, Conditions, and Return Procedures as outlined in Merchant's price list. I/We will not request a chargeback through my/our issuing bank without first obtaining authorization from Merchant. I/We understand that any credits processed through Merchant for purchases made may be subject to a 5% handling fee. In addition, by completing and signing this document below, I/we am/are accepting full responsibility for these transactions to ensure full and proper payment to the Merchant.

PLEASE PRINT, COMPLETE, AND RETURN VIA MAIL OR FACSIMILE

### CARDHOLDER(S) EXACT NAME AND BILLING ADDRESS AS IT APPEARS ON BILLING STATEMENTS

Amount of Charge: \_\_\_\_\_ For: Purchase \_\_\_ \* IASPAW Membership \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ VISA \_\_\_ MasterCard

Expiration Date: \_\_\_/\_\_\_ CVV Code: \_\_\_\_\_ (in signature area, last 3 digits after the credit card no.)

Customer Service Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (see back of card)

Business Name: \_\_\_\_\_

Cardholder Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*As the credit card holder, I also authorize Cecelia A. TaBois, LLC to charge my credit card for applicable shipping and handling charges and future purchases either verbally approved or sent to the Merchant via e-mail by me.

Authorization Valid Until: \_\_\_\_\_ (date) Initial here: \_\_\_\_\_

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