

RAVINE VINEYARD

Credit Card Authorization Form

CARDHOLDER INFORMATION

Company Name: _____

Person Authorizing: _____

Street Address (cont.): _____

City: _____ Province/State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Amount Owing: _____

Credit Card Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____