



Credit Card Authorization Form

I, _____, hereby authorize Bella Faccia Inc. to charge my credit card account in the amount not to exceed:
\$ _____

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____
Expiration Date: ____ / ____ VID Code: _____

Note: A 3% processing fee applies for all credit card payments.

Credit Card Billing Address:

Street: _____
City: _____ State: _____
Zip Code: _____ - _____ Country: (if not US) _____
Telephone: () _____ - _____

Client Address:

Street: _____
City: _____ State: _____
Zip Code: _____ - _____ Country: (if not US) _____
Telephone: () _____ - _____

_____/_____/_____
Cardholder's Signature Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Bella Faccia Inc. will keep all information entered on this form strictly confidential.