



CREDIT CARD AUTHORIZATION FORM

TO: 3 Dimensional Art LLC
FROM: _____
DATE: _____
REFERENCE#: _____

This is to authorize to charge the following invoice to the specified credit card:

Invoice #: _____

Payment Amount: _____

Credit Card #: _____

Exp. Date: _____

Sec Code: _____

Billing Address: _____

Authorized Signature: _____

Name: _____