

Credit Card Authorization Form

Sign and complete this form to authorize Grand Old House to debit to your credit card listed below.

By signing this form, you give Grand Old House permission to debit your account for the goods & services (non-refundable) before the indicated date and the balance due on or after the indicated date unless otherwise specified via email or separate quote provided.

I au (full name)	thorize Grand Old House to charge my credit card.
This payment is for(event nan	Event/Service Date:
Billing Address:	Phone# :
City, State, Zip:	Email:
Account Type: Visa MasterCard AMEX Discover Diners	
Cardholder Name:	
Account Number:	
Expiration Date:	
CVV2 (3 digit number on back of Visa/MC	C. 4 digits on front of AMEX):

I authorize Grand Old House to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated in a separate quote provided and anything outstanding after the event. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

DATE _

SIGNATURE

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