



| *gloss*

Credit Card Information

Card Type: MasterCard VISA Discover AMEX
 Other _____

Cardholder Name (as shown on card): _____

Card Number: _____ TELEPHONE _____

Expiration Date (mm/yy): _____ CVV _____

Cardholder ZIP Code (from credit card billing address): _____

BILLING ADDRESS

Street _____

City _____ State _____

Zip _____

I, _____, authorize **GRIFFIN + GLOSS** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date