



**CREDIT CARD AUTHORIZATION FORM**

Credit Card Type: MC \_\_\_\_\_ VISA \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Total: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Note: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, authorize my credit card to be charged for the above amount. I am aware that I will receive a copy of the charge slip and that this slip will act as my record of this transaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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