



**GEM FAIRE, INC**

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## CREDIT CARD AUTHORIZATION FORM

The following verification form must be completed in full when using a credit card for payment with Gem Faire, Inc. Information provided must be verifiable with credit card companies for authorized cardholder. Information must be legible and received prior to deadline, or it could result in the cancellation of your purchases without further notice. Please contact our office with any questions or comments.

Business Name: \_\_\_\_\_

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

*(PRINT name as it appears on card.)*

Billing Address for Credit Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Amount Authorized to Charge: \$ \_\_\_\_\_

For Which Gem Faire Location: \_\_\_\_\_

Optional 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: \_\_\_\_\_

*(Same as cardholder or name of person authorizing charge)*

***Once card is processed, cut off bottom portion and destroy. Card numbers will not be kept for security purposes. Thank you.***

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Credit Card Type: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_ (last 3 numbers on back of card by signature line)  
Month Year