



GreyTabby

Authority for Payment by Credit Card

PO BOX 1684
Marina,
CA 93933
FAX:
(831)384-0755

I, _____, hereby authorize GreyTabby, to charge my credit card account in the amount not to exceed: \$USD_____ on my:

VISA MasterCard AMERICAN EXPRESS DISCOVER

Card No: - - -

Expiration Date: ____/____/____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) : _____

Telephone: () _____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) : _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

Cardholder's Signature

_____/_____/_____
Date

As the credit card holder, I also authorize GreyTabby to charge my credit card for future purchases verbally approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. GreyTabby will keep all information entered on this form strictly confidential.