

# CREDIT CARD AUTHORIZATION FORM

Fax to 415-487-1515

I \_\_\_\_\_ Authorize **MASHA ARCHER**  
to charge my credit card for the item(s) below: (all fields required)

Item Name	Item Code
Item Count (1)	Item Cost
Note	Sales Tax
	S&H
	Total Amount

\*PAYPAL or BILLPAY: Please call for instructions

## CREDIT CARD BILLING INFORMATION (circle one)

VISA MASTERCARD DISCOVER AMEREXPRESS	CARD #
EXPIRES (MM/YY)	CSC (security code on back)

NAME ON CARD

ADDRESS

CITY STATE ZIP (USA)

## SHIPPING (if different from above; no PO Box)

NAME

ADDRESS

CITY STATE ZIP (USA)

TELEPHONE / FAX

EMAIL

SIGNATURE

DATE