



Credit Card Authorization Form

Customer Name

Company

Billing Address

City / State / Zip

Shipping Address

City / State / Zip

Credit Card #

Expiration Date

Security Code

Telephone

Fax

Reference Invoice #

Amount \$

We require written authorization to charge your credit card. Your credit card details are provided above, as are details of your purchase and the total amount to be charged.

Your signature indicates your understanding and agreement to these terms, as well as your authorization for us to charge your credit card for the amount indicated above. Please sign and fax this form back to us (212) 966-3358 or by email to b.reinhardt@davidweeksstudio.com. Your order will not be completed until we receive a signed copy of this agreement. Thank you!

Signature

Date

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New York, NY 10013
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212.966.3358 fax
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