



## Credit Card Authorization Form

PLEASE PRINT AND COMPLETE AND RETURN TO US.  
All information will remain confidential.

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

Billing \ k: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

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

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signcwtg: \_\_\_\_\_

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

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

**Once signed, return the completed form to:**

**WedPhoria, LLC**  
14263 Arbor Boulevard  
Becker, MN 55308  
wedphoria@gmail.com