

TROWBRIDGE GALLERY

CREDIT CARD AUTHORITY

I hereby give authority to charge my/our credit card for the order/invoice detailed below:

Company Name

Order/Invoice #

Amount

Card Type

Card #

Expiry Date

Security No.

Name on card

Signed

Date

Message

.....

T: 404 816 8612

F: 404 816 7181

www.trowbridgegallery.com
