



*Abbazia di Spineto*

## Credit Card Authorization Form

Name on Card: \_\_\_\_\_

Type of Card: Visa  MC  \_\_\_\_\_

Other  \_\_\_\_\_  
\_\_\_\_\_

Card Number \_\_\_\_\_

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

Billing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Order/Invoice Number  
(if applicable) \_\_\_\_\_

Item(s) Purchased \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

**By signing this form, you authorize \_\_\_\_\_  
to charge your card for the amount listed above.**

Signed: \_\_\_\_\_

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