

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize Anthropologie Consulting, LLC (AC Journeys) to charge my credit card account in the amount of \_\_\_\_\_.

VISA       Mastercard       American Express       Discover

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

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_      VID Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Billing Telephone Number: \_\_\_\_\_

Initials here. As the credit card holder, I authorize Anthropologie Consulting, LLC (AC Journeys) to charge my credit card for the payment of services they will be providing me as reflected on Invoice #: \_\_\_\_\_

Authorization Valid Until: \_\_\_\_/\_\_\_\_/\_\_\_\_      Signature: \_\_\_\_\_

Your completion of this credit card authorization form helps us protect our valued customers from credit card fraud. Anthropologie Consulting, LLC (AC Journeys) keeps all information entered on this form strictly confidential and does not share any private or financial information with any third-party businesses.

**Please, include a photocopy of the front and back of your credit card, along with your photocopy of a form of ID, that clearly shows your face and address.**