



FOUR HANDS  
**ART STUDIO**

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## Credit Card Authorization Form

- Date: \_\_\_\_\_
- Customer PO (If applicable): \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Company Name: \_\_\_\_\_
- Tax ID: \_\_\_\_\_

### Cardholder Information

- Credit Card Type: \_\_\_\_\_
- Credit Card Number: \_\_\_\_\_
- CVC: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- Billing Address: \_\_\_\_\_
- City, State & Zip Code: \_\_\_\_\_

By signing, Cardholder agrees to amount specified below to be charged to their credit card. Information provided on this form will be kept on file for future orders.

- Cardholder Name (print): \_\_\_\_\_
- Cardholder Signature: \_\_\_\_\_
- Amount to be charged + shipping: \_\_\_\_\_