



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

PLEASE PROVIDE A COPY OF THE CARDHOLDER'S IDENTIFICATION

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Amex

Credit Card Number: _____

Amount to Charge: \$ _____
BSD

Please provide a phone number for us to call to verify expiration date and Card ID
number _____

I authorize **Ardastra Gardens & Wildlife Conservation Centre** 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.

Signed: _____

Dated: _____

Name: _____

Please send the completed form along with a copy of the cardholder's identification to accounts@ardastra.com