



Credit Card Authorization

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa ____ MasterCard ____ Discover ____ AmEx ____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits on back of card): _____

Amount to charge: \$ _____ (USD)

Reason for Payment: _____

I authorize Philadelphia's Magic Gardens to charge the 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.

Cardholder - Print Name, Sign, and Date below:

Signed: _____

Dated: _____

Name: _____