

# CHALKERS.COM

## Credit Card Authorization Form

Please complete the following information and **FAX to (001) 1-919-640-4312** with a photocopy of the front and back of your credit card.

This card will be charged for the NON-REFUNDABLE amount of

\$\_\_\_\_\_ discussed during our telephone / email / in-person

conversation of (date)\_\_\_\_\_, for the purchase of

\_\_\_\_\_  
\_\_\_\_\_.

Unless otherwise noted, this card will be used for final payment of all charges. Merchandise can ONLY be shipped to or picked up by the party signing this agreement. By completing and signing this authorization, the cardholder agrees to pay CHALKERS for all charges as stipulated above.

NAME: \_\_\_\_\_

BILLING \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF CARD: Visa MC Amex

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2# on back of card: \_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_