

ActonArt Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Return your completed form to:
ActonArt Drawing School, P.O. Box 2743, Acton MA 01720

Credit Card Information	
Card Type:	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____/____
CVV (3 digit number on back of card):	_____
Billing Address Zip Code:	_____

I, _____, authorize ActonArt to charge my credit card above for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account.

Customer Signature

Date