

CREDIT CARD AUTHORIZATION FORM

Please fill out the form below and email a completed copy to info@terrapoint.com

Cardholder Name: _____

Credit Card Number: _____ - _____ - _____ - _____

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

Expiration Date: ____ / ____

Amount: \$_____ (USD) Auction / Bidder#: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type: ____ VISA ____ MASTERCARD

*Being the cardholder, I hereby authorize Terra Point to charge the credit card and issuing financial institution for services provided

Signature: _____ Date: _____

Phone Number (Associated with the credit card): (____) _____

