

# The Art Explosion, Inc

## ONE-TIME CREDIT CARD BILLING AUTHORIZATION

If you would like to enjoy the convenience of automatic billing, simply complete the information below, sign the form, and fax to 1-877-ART-EXPL. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

### Customer Information

Name: \_\_\_\_\_ Workspace #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Payment Information

I authorize The Art Explosion, Inc to bill the card listed below as specified:

Amount \$ \_\_\_\_\_ Frequency: One Time

### Credit Card Information:

The Art Explosion Inc accepts the following credit cards: **MasterCard, Visa**

Credit Card Type: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Zip Code: \_\_\_\_\_  
(as shown on credit card) (from credit card billing address)

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_