

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

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

Maximum Amount to Charge: \$ _____ (USD)

- I authorize **K Carlton International Inc** to keep the above credit card information on file for future purchases. I agree to pay for this and future purchases in accordance with the issuing bank cardholder agreement. I understand a 5% convenience fee will apply.
- I authorize **K Carlton International Inc** to charge the above credit card only for the amount of \$_____. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. I understand a 5% convenience fee will apply.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

K Carlton International, Inc.
2962 SW 26 Terrace, Suite 111
Fort Lauderdale, FL 33312
Imports@KCarlton.com
Fax (954) 792-6565