

Credit Card Authorization Form

*Please print and complete

I authorize **Small and Beautiful Beads** to charge my credit card for the agreed upon amount for beads not returned by the agreed upon return date. Charge amounts are based on the totals generated by the trunk show and detailed on the invoice.

Cardholder Name: (Please Print) _____

Billing Address: _____

Credit Card Type (select one) Visa Mastercard Discover

Credit Card Number: _____

Expiration Date: _____ Security Code (3 or 4 digit code on back of card) _____

Signature:

(required) _____

Date: _____

***Please return all completed forms to:

Small and Beautiful Beads

Tamie Simpson

13714 Barfield Drive

Warren, MI 48088

OR

Email to: tamie@smallandbeautifulbeads.com