

Credit Card Authorization Form

Eunice Global Inc. DBA Eunice Gallery & Wichita Auctioneers

Credit Card Information	
Card Holder Name:	
Credit Card Number:	
Expiration Date:	Security Code:
Billing Address:	
City/State:	Zip Code:
Invoice Number:	

I, _____, agree on **Terms and Conditions** of Wichita Auctioneers, and approve the amount of \$_____ to be placed on credit card charges. I understand that my information will be used for future shipping cost transactions for this invoice.

Signature: _____