NUANS

Credit Card Authorization Form

Type of Card: Visa ☐ MC ☐ Discover ☐

Reference: .....

Name on the Card: .....

Card number: .....

Expiration Date: .....

Billing Address: .....

Billing Zip Code: .....

Amount: $ .....

I authorize Nuans Design to charge my card listed above.

Signature: .....

Date: .....

☐ Keep card information in file for future transactions.

☐ Charge this card once only for this transaction.

Please fill out and send back to: ***sales@nuansdesign.com*** *or f: 888-959-8191*