



Credit Card Authorization Form

All information will remain confidential

Cardholder Name: _____

Billing Address: _____ _____ _____

Shipping Address: <i>same as billing</i> <input type="checkbox"/> _____ _____ _____
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Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

CVV/CID (3 or 4 digit security code): _____

Description of Item to Charge:

_____ **Gift Card to Petit Crenn at \$ _____ each**

Short Note to Include: (No more than three sentences in length)

*** Default shipping method is USPS Priority Mail. Expedited shipping available upon request, please contact us at info@ateliercrenn.com for shipping quote.*

Amount to Charge: \$ _____ (USD)

I _____ authorize **PETIT CRENN** to charge the agreed amount/ items listed above to my credit card provided herein.

I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Print Name, Sign, and Date Below:

Signed:

Name:

Dated:

Once signed, return the completed form by email to: info@petitcrenn.com