



CREDIT CARD AUTHORIZATION FORM

Name as it appears on the credit card: _____

Billing Address: _____

Amount to be charged: \$ _____

Credit Card: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____ / _____

Card Code: _____



Signature: _____ Date: _____

I authorize The Ceramics Center to charge my Visa/MasterCard/Discover account for the above stated amount.

Your credit card information will be shredded immediately upon entering the information and charging the approved amount.

Please mail this form to:

THE CERAMICS CENTER
329 10th Ave SE Suite 117
Cedar Rapids IA 52401

Phone: 319.365.9644

www.theceramicscenter.org