



Credit Card Authorization

621 68th Street Brooklyn, NY 11220
Phone: 917-346-6424
Email: info@andersauction.com

CREDIT CARDHOLDER INFORMATION:

NAME ON CREDIT CARD: _____

CREDIT CARD TYPE: ___ VISA ___ MASTER ___ DISCOVER

CREDIT CARD NUMBER: _____ EXP. DATE: _____

CARD IDENTIFICATION NUMBER (last 3 digits located on the back of the card): _____

BILLING ADDRESS:

PHONE: _____ EMAIL: _____

AUTHORIZED USER OF CREDIT CARD:

Ander's Auction INC.
621 68th Street Brooklyn, NY 11220
Phone: 917-346-6424
Email: info@andersauction.com

INVOICE NUMBER: _____ LOTS: _____

AUTHORIZATION OF CARD USE:

I certify that I am the authorized holder and signer of the credit card referenced above.
I certify that all information above is complete and accurate.
I hereby authorize collection of payment for all charges as indicated on the above invoice. Charges will subject to 3.6% surcharge.

CARDHOLDER NAME: _____

SIGNATURE: _____ DATE: _____