

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ 3 Digit Security Code _____

I, _____, authorize Vinyl Destination to charge my credit card for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account.

Customer Signature

Date (dd/mm/yyyy)

Please complete form and return by email to info@vinyldest.com
For questions or concerns we can be contacted directly 519-203-0127