

Ashes on the Sea

Credit Card Authorization Form

NAME ON CARD:

BILLING ADDRESS:

CARD TYPE:

VISA MASTERCARD AMEX DISCOVER

CARD NUMBER:*

EXPIRATION DATE:

CVS #

AMOUNT OF INVOICE

\$

GRATUITY

\$

AMOUNT AUTHORIZED

\$

Signature of Person Named on Card

Date

Please mail or fax this information to us as soon as possible.

Fax to: 858-560-0626 | Mail to: PO Box 710693, San Diego CA 92171

** After processing, your card number will be shredded*

Phone: 858-277-2799 **Fax:** 858-560-0626 **Address:** P.O. 710693, San Diego CA 92171
www.ashesonthesea.com