ISLAND preacha

CREDIT CARD FORM

Please complete and sign this form, including a clear copy of the Cardholder's driver's license for verification. Email islandpreacha@gmail.com

I, _____ hereby authorize Island Preacha Weddings

to charge my credit card in the amount of $_____, as follows:

SELECT CARD TYPE ☐ Visa ☐ Mastercard ☐ Discover

NAME ON CARD _____

CARD NUMBER _____

EXPIRATION _____ CVV | CVC _____
3-4 digits on back of card

BILLING ADDRESS _____

_____

SIGNATURE _____ DATE _____
Cardholder MM-DD-YYYY

CARDHOLDER DRIVER'S LICENSE