



Art Therapy of MN - 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: MasterCard VISA Discover AMEX Other

Card Number: _____

Cardholder Name (as shown on card): _____

CVV Code: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (credit card billing address): _____

I, _____, authorize Art Therapy of MN to charge my credit card above for agreed upon purchases. I understand that my information will be saved to a secure file for future transactions on my account.

Customer Signature

Date