



CREDIT CARD AUTHORIZATION FORM

Name on Credit Card _____

Credit Card # _____

Exp Date _____ CVC _____ Zip Code _____

I hereby authorize the Royal Crown to charge my card the following charge

AMOUNT TO BE CHARGED \$ _____

And understand there is a 4% charge on all card transactions.

A \$50 fee will be charged if the payment is declined.

Signature _____ Date _____

NOTES: _____

